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NUMBER 3

MARCH
1943

THE CANADIAN NURSE

Nurses on Skis

See Page 180

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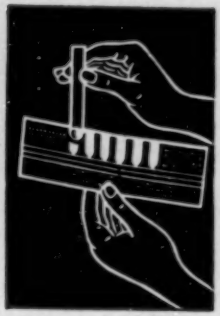

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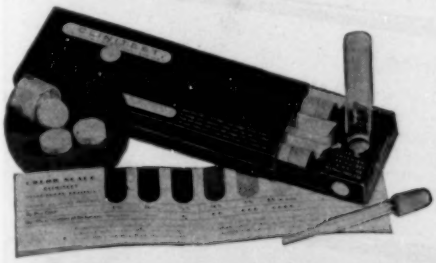

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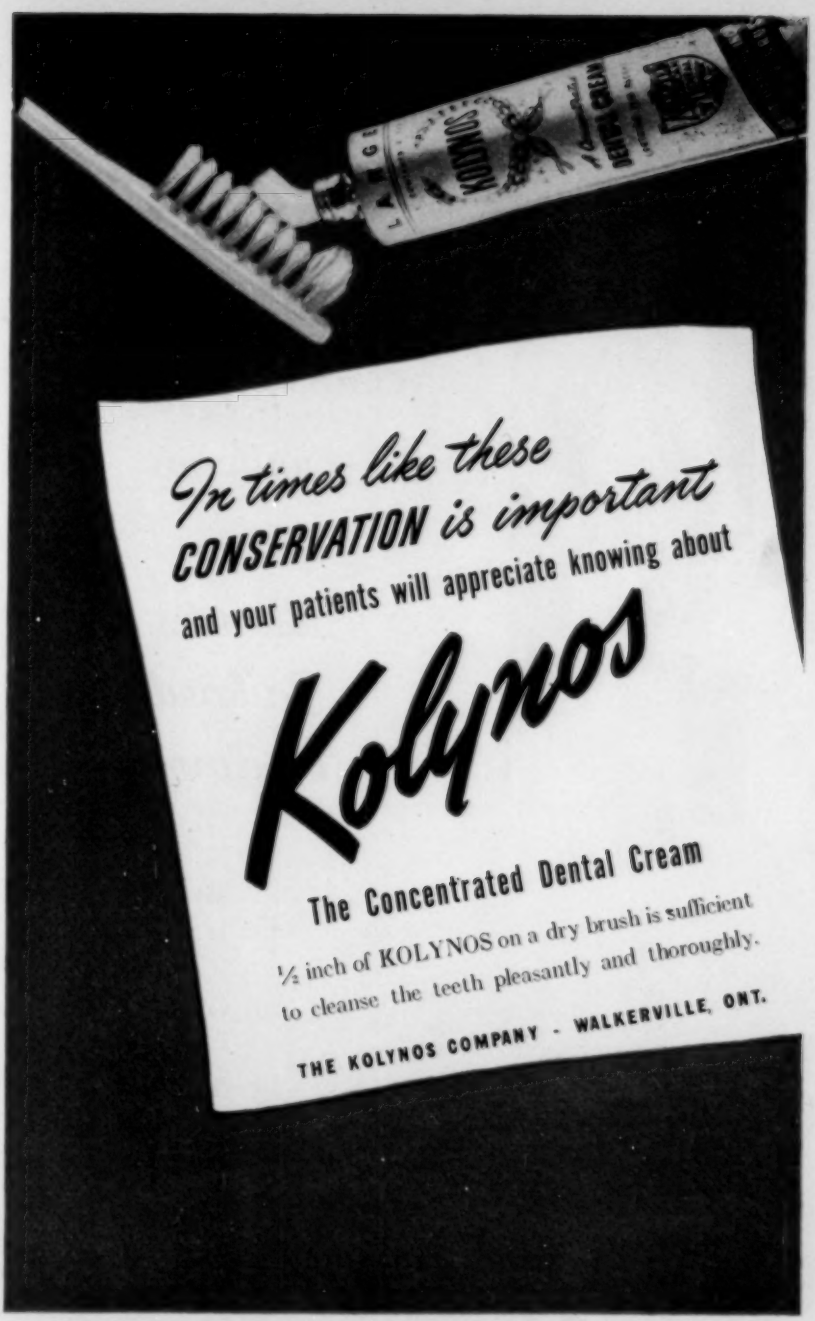
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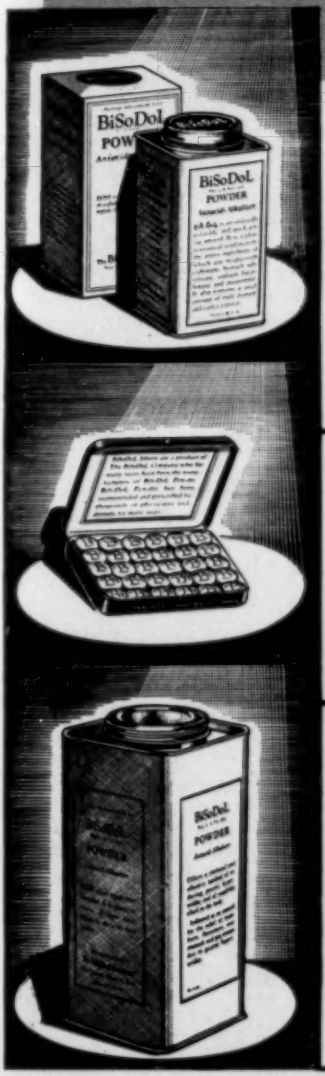

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Reader's Guide

As these words are written, the **Beveridge Report** is being hotly debated in the British House of Commons. Sir William Beveridge now Master of University College, Oxford, attended a meeting of the British Association for the Advancement of Science held in Toronto in 1924. At that time, he was director of the London School of Economics and presented an analysis of population trends that has since turned out to be correct. He pointed out that the practice of birth control in Britain would bring about a number of important consequences, among them a marked decrease in British immigration to Canada. He also predicted that by 1940 there would be a preponderance of people in the old age groups and that the problem of providing pensions would be accentuated. These statements proved to be highly provocative — but Sir William was right then and he may be again. A brief outline of the findings of his Report is offered in the hope that it may stimulate interest in the original text.

Modern aerial warfare has special hazards but though the incidence of burns is very high, new and ingenious methods of treatment have produced most encouraging results. **Katherine Inch** ably presents the nursing aspects of the use of the Bunyan bag in burns of the extremities. Miss Inch is head nurse of Ward F (Men's Surgery) in the Royal Victoria Hospital, Montreal.

One advantage of nursing in a tuberculosis sanatorium is that these hospitals are usually situated in a beautiful environment. The picture on the cover shows two **Nurses on Skis** both of whom are members of the nursing staff of the Royal Edward Laurentian Sanatorium, Ste. Agathe Division. The Sanatorium is in the heart of the Laurentians and in the surrounding country are some of the finest ski trails in the world.

In her daily task as health counsellor in the secondary schools of London, Ontario, **Winnifred Ashplant** comes closely in contact with modern youth. This experience has given her an insight into some of the emotional problems which confront the young people of today.

A glance at **Notes from the National Office** will indicate the wisdom of keeping abreast of the many activities in which the Canadian Nurses Association is now participating. Chief among these is health insurance, a far-reaching measure which, if and when it is put into force, will have a profound effect upon nursing practice. You will also find a note on ways and means of financing the attendance of members at meetings of the Executive Committee. Never before, in the history of the Association, has it been necessary to decide such important issues at such short notice. The more representative these meetings are, the better.

By the time these words appear in print the rapid survey of nursing needs and resources will be well underway, if not completed. Like the grasshopper of Holy Writ, questionnaires can become a burden, so the **Emergency Nursing Adviser** explains why it is important that certain information be obtained as quickly as possible. If you have received a form but haven't yet filled it out, please do so at the earliest possible moment.

When the returns of the current survey of nursing needs and resources are all in, it is quite possible that industrial nursing may prove to be growing more rapidly than any other branch of nursing service. The Toronto University School of Nursing recently showed its awareness of this trend by offering a refresher course which was largely attended. Thanks to the courtesy of Miss F. H. M. Emory, the outstanding address given during this course by **Mr. D. M. Young** has been made available to our readers. Its publication has also been approved by Dr. J. G. Cunningham, Director of the Department of Industrial Hygiene of the Ontario Provincial Department of Health.

Mr. Young is Industrial Relations Manager, Lever Brothers Limited, Toronto.

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†Archives of Physical Therapy, **21**, 12(Jan.)1940

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*Meyer, E., and Arnold, L. (1938), *Amer. J. Digest. Dis.*, 5:418.

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-NINE NUMBER THREE

MARCH 1943

A Plan for Social Security

At a time when plans for social security and health insurance are receiving much attention in Canada, it is not surprising that "the Beveridge Report" is a best-seller. Although the publishers (The Macmillan Company of Canada) have dressed it up in a gay red white and blue cover, the fact remains that it isn't easy reading—at least not until you get into the swing of it. If you haven't already read the Report, here is a rough outline of what it is all about. The answers to the questions are taken from the actual text.

Who sponsored the Report?
The British Government.
Who prepared it?

The Report was written by Sir William Beveridge and, although representatives of various groups acted as his advisers, it is essentially a one-man job.

What factual material does the Report give?

It presents, for the first time, a comprehensive survey of the whole field of social insurance and allied services in Britain to show just what provision is now made, and how it is made, for many different forms of need.

Upon what principles is the Beveridge Plan for Social Security based?

1. Proposals for the future, while they should use to the full the experience gathered in the past, should not be restricted by consideration of sectional interests. Now, when the war is abolishing landmarks of every kind, is the opportunity for using experience in a clear field. A revolutionary moment in the world's history is a time for revolutions, not for patching.

2. Social security must be achieved by co-operation between the State and the individual. The State, in organising security, should not stifle incentive, opportunity, responsibility; in establishing a national minimum, it should leave room and encouragement for voluntary action by each individual to provide

more than that minimum for himself and his family.

What benefits does the Plan offer?

1. It is, first and foremost, a plan of insurance—of giving in return for contributions, benefits up to a subsistence level, as of right and without means test, so that individuals may build freely upon it.

2. The plan covers all citizens, without upper income limit, but has regard to their different ways of life; it is a plan all-embracing in scope of persons and of needs, but is classified in application.

3. All classes will pay a single security contribution by a stamp on a single insurance document each week or combination of weeks.

4. The employer also will contribute, affixing the insurance stamp and deducting the employee's share from wages or salary. The contribution will differ from one class to another, according to the benefits provided, and will be higher for men than for women.

5. Unemployment benefit, disability benefit, retirement pension after a transition period, and training benefit will be at the same rate, irrespective of previous earnings.

6. A comprehensive national health service will ensure that for every citizen there is available whatever medical treatment he requires, in whatever form he requires it, domiciliary or institutional, general, specialist or consultant, and will ensure also the provision of dental, ophthalmic and surgical appliances, nursing and midwifery, and rehabilitation after accidents.

How much would an average family contribute and what cash payments would it receive under the Plan?

All the figures for contributions and benefits are provisional. They assume an increase in the price level after the war of 25 percent over pre-war prices. The actual figures to be used will depend on the accuracy of this assumption and on final agreement as to an adequate subsistence level for those with low incomes.

The contribution from an insured employee with a wife and two children is to be four shillings and threepence (about 94 cents) per week. The employer pays three shillings and threepence. Insured persons will pay about a quarter of the total value of the cash benefits received by them; the other three-quarters will come from employers and the state. The insured, of course, also contribute, through taxation, to the share paid by the government, and to the cost of the child allowances and other government services.

A married man with two children will receive fifty-six shillings (about $12.32 per week or $53.39 per month) as long as unemployment, sickness or other disability lasts. There are corresponding benefits for single persons and for widows with children. Both the contributions and the benefits are at flat rates, regardless of the earnings of the insured.

Would this Plan discourage initiative and self-reliance?

The answer to this question is made by Sir William Beveridge in these terms:

1. There are some to whom pursuit of security appears to be a wrong aim. They think of security as something inconsistent with initiative, adventure, personal responsibility. That is not a just view of social security as planned in this Report. The plan is not one for giving to everybody something for nothing and without trouble, or something that will free the recipients for ever thereafter from personal responsibilities. The plan is one to secure income for subsistence on condition of service and contribution and in order to

make and keep men fit for service. It cannot be got without thought and effort. When that effort has been made, the plan leaves room and encouragement to all individuals to win for themselves something above the national minimum, to find and to satisfy and to produce the means of satisfying new and higher needs.

2. The Plan for Social Security is put forward as part of a general programme of social policy. It is one part only of an attack upon five giant evils: upon the physical want with which it is directly concerned, upon disease which often causes that want and brings many other troubles in its train, upon ignorance which no democracy can afford among its citizens, upon the squalor which arises mainly through haphazard distribution of industry and population, and upon the idleness which destroys wealth and corrupts men, whether they are well fed or not, when they are idle. In seeking security not merely against physical want, but against all these evils in all their forms, and in showing that security can be combined with freedom and enterprise and responsibility of the individual for his own life, the British community, and those who in other lands have inherited the British tradition, have a vital service to render to human progress.

3. Freedom from want cannot be forced on a democracy or given to a democracy. It must be won by them. Winning it needs courage and faith and a sense of national unity: courage to face facts and difficulties and overcome them; faith in our future and in the ideals of fair-play and freedom for which century after century our forefathers were prepared to die.

Health Service Relationships within Industry

D. M. YOUNG

A friend of mine loves to tell how an essay on philosophy was returned to him with this notation. "This essay is entirely too general — and where it is specific, it is wrong." I suspect that it was hoped I would be safely confined to generalities by the topic for this discussion, "Health Service Relationships within Industry." I am afraid that to be thorough we must eventually descend into the more dangerous — and less exalted — fields of specific services and problems.

Every industrial nurse passes through a stage of bewilderment at the industrial approach to business problems and services. It is necessary to learn a brand new set of values. Everything must be weighed in terms of dollars and cents. Management has a difficult and harassing job to do — costs to control, production to maintain, complex government regulations to adhere to. An idea must be objective and explicit to capture their attention.

Thus, it is clear that the place and function of a Medical Department will depend very largely on the attitude of top Management. In studying health service relationships within industry, therefore, we must presuppose that the medical staff have access — through the personnel manager in a large concern, or directly in a smaller one — to the

president or board of directors. In this way, and in this only, can management be kept informed — not only of the service rendered to the employees— but of the scope of the service you render to the company. This story of your service to the company can be told only in terms of cold facts — facts to be found in the medical department records. This then must be the foundation for your relationships within the industry — you must have records as complete and accurate as you can make them and you must relate these records to man-hours, production and profit and loss.

Frankly, far too many of you are quite unprepared and unwilling to accept this cold-blooded evaluation of your work. You are like the proverbial ostrich, for some day a change in your management or a slump in business conditions will bring an efficiency expert to your door to ask you to justify the full continuance of your work. It will not be enough then to say that you are serving humanity and alleviating suffering. You must be ready to show that the company cannot afford to do without you. The story is there, in the Health Services you now, or will in future, render. It is simply up to you to ferret out.

In discussing specific services, let me tell you something of our experiences in organizing our Medical Department. Originally, our first aid work was in the hands of an exceptionally capable first aid attendant — a woman who had been with the company for many years, who knew every nook and cranny of the plant, and who was exceptionally well qualified to deal with the emergencies peculiar to our industry. Our plant physician was called in as required for pre-employment examinations and major accidents. The retirement of our first aid attendant focused our attention on our medical services, and plans were laid for our present program. We employed our first nurse, and arranged for the plant doctor to be on hand for two hours each morning. We laid down certain rules and policies, most of which I will touch on later. One rule, however, I wish to stress now, for I feel that it is essential. Refusal to co-operate with the medical department was added to the offenses calling for instant dismissal. Thus all employees were brought within the scope of our plans, the co-operation of even the most obstinate was secured, and chasing after employees for examination and treatment was reduced to a minimum. When our first nurse was appointed the calls at the medical department averaged 50 per week. Last week, which was a normal one, there were 372 visits, of which 170 were surgical visits and 202 were medical visits. Particularly gratifying has been the astonishing increase in the visits by the office staff, from the president of the company downwards. We now have a staff of four nurses, making it possible to provide 24 hour service, and our medical department will shortly move to larger, more suitable quarters where allowance has been made for the later addition of rooms for a dental clinic and a chiropodist.

The primary service which a medical department can render industry is in assisting the work of selection and placement. Much has been written concerning the importance of placing the right man in the right job. Much labour has been wasted through lack of consideration of the individual's physical qualifications for his particular work. If you are employed in a company where pre-employment examination is a standard procedure, the responsibility for determining the suitability of the employee for the job rests upon the doctor. If not, you have a golden opportunity to

be of service to the company. Under present day conditions, when industry is only too glad to employ people below A or B category, and when applicants are too impatient to wait or come back later for an examination, it is not always practical to insist upon a medical examination before employment. For some time now we have selected our employees on the basis of a carefully written medical history prepared by our nurses; this followed a month later by a very thorough medical examination by the doctor. Our experience has proven that a nurse, by the intelligent use of medical histories, can be right 24 times out of 25 in selecting or rejecting employees and in classifying them for allocation to the various jobs available in the factory. Nevertheless, under normal conditions a thorough examination before employment is the only entirely satisfactory procedure; and when conditions necessitate using histories as the basis for placement, it is most important that these histories be confirmed and enlarged upon by subsequent examination.

In our plant, as in all factories, all jobs are not equally attractive, and the personnel department used to be plagued with requests for transfers. A transfer is a costly business, for it usually involves training two people — the employee transferred and the one who takes his place. This problem has been greatly simplified by establishing the principle that, generally speaking, transfers would only be granted for medical reasons. When an employee requests a transfer, he or she is immediately referred to the doctor, who reports, favourably or otherwise, by memorandum. In this way, too, various allergies and disabilities were brought to light, and many employees are now ticketed to avoid future dislocation by allocating them to unsuitable work. Certain jobs were discovered to be particularly arduous or to involve specific health hazards. Instructions were issued to the foremen that an employee undertaking any of these jobs must first present himself to the medical department for examination. This led to an effort to improve working conditions in various departments. It was common knowledge, for instance, that a certain corner in the office was cold and drafty. Our records soon revealed an impressive string of colds, stiff necks and sore throats amongst the dozen girls in this corner. Armed with this indisputable evidence, it was not difficult to get action in correcting the situation.

I feel like a parrot or a cracked phonograph disc when I use the word "records." Records, records, and more records. If you don't like maintaining and compiling records, you have little aptitude for industrial nursing, as I envisage it. Everything that is done in the medical department goes into the records. Entries from the daily accident and illness reports are posted to the individual medical records, and a weekly summary is compiled showing the visits to the nurses by departments for illness and for accidents, and the number of working days lost. A quarterly report is being prepared to show the various types of illnesses by departments. I mentioned individual medical records. It was interesting to note that the visits to the department measurably increased when we posted a notice advising the employees that their dealings with the medical staff were confidential. From this time on the employees showed a new willingness to discuss their personal problems.

The work of the industrial nurse is where you find it. Anything that has to do with the health and well-being

of the employee is your business. The amazing thing is that, even if you do no more than show an interest in a health problem, you get results. Witness, for example, the statistics presented by the drug companies in support of oral cold vaccine. In every case that I have seen where records for a control group have been kept concurrently with the records of a vaccinated group, the incidence of colds in even the unvaccinated group has shown a 10 to 15% improvement! Our staff of nurses is endeavouring to take advantage of the approximately 360 opportunities each week to teach sound health habits to our employees and, in doing so, are successful in influencing increasing numbers to drink milk. In fact, the entire medical staff is giving emphasis to the choice of wholesome nutritious meals from the appetizing selection offered by our dietitian in the cafeteria.

We have not progressed as far as we would like in the work of accident prevention, but since the first of this month this program has been in the hands of a newly appointed safety manager. We have, however, been very successful in our campaign to teach employees to report even the most minor injuries for treatment. This is borne out by the fact that we now have many more visits for minor cuts, burns, and abrasions than we formerly had for all reasons. Every industrial nurse, by teaching, observation, and example, plays a part in this work which is exceedingly valuable but not easily measured. The nurse who has the time for it can make a very great and measurable contribution in this field. Accident prevention is a science in itself, of which I am not a master. But I do know this, and I state it in the face of the contrary opinion held by a large percentage of those engaged in this work. The minute you set up a safety campaign on a competitive basis—whether it be between department and department or between company and company—you create a new, a sinister, and a greater hazard — the hazard of concealment. It doesn't matter how good a company's accident record looks on the books; if the company's accident prevention program encourages in any way the concealment of injuries, it is toying with the lives of its employees. It doesn't really matter how bad the accident record looks on the books, as long as the company has done everything in its power to make conditions safe for the employees. If you are going to do accident prevention work, do it by educating the employees and improving working conditions and methods. Keep competition out of it.

By close co-operation between the medical department and the personnel department we have established a rehabilitation program for both sick and injured employees that is paying dividends. By a little juggling it is almost always possible to find a not-too-strenuous job for a convalescing employee. Even if it is necessary to make a job it pays in the long run. Despite all our cynicism about the working man, 1942 model, an idle employee is an unhappy employee. And it is no secret that discontent is a serious deterrent to recovery. It is also common knowledge, if too seldom admitted, that cleanliness and tidiness in a factory pays dividends. No factory is as clean as it might be — not even a soap factory. If a man can do nothing else he can very often handle a broom or a mop. To wield a cleaning cloth he only has to have one hand. We put him to work at something as soon as he is able to stand up for eight hours at a stretch, and he usually shows his appreciation by paying his way.

Absenteeism — here is a word which

will stand in history with Naziism and cancer. It was shortly after the war began when personnel men first spread consternation amongst industrialists with the record of the terrific havoc being wrought in industry by absenteeism. It is little wonder that the trend of thought is beginning to swing violently in the other direction. As an example, let me read you this extract from the pen of one who should know better:

> The industrial physicians are too busy to pay much attention to things outside their work, even to propaganda. They appreciate as deeply as anyone can the seriousness of absenteeism, and they are doing all that it is possible to do medically to reduce it to the irreducible minimum. It is only fair to them to call attention, specifically, to the fact that so much of absenteeism is beyond their control and, generally, to the fact that the whole subject is being overplayed for reasons which are more political than patriotic. It is erroneous to view the absenteeism loss of working time so wholly in terms of munitions, ships, planes, etc., not produced. As a matter of fact, there is no substantial interference with production from this cause. With absenteeism at 8%, production is maintained at 100% by keeping the payroll at 108%.

I dare you — I double dare you — to approach your employment manager today and ask him to increase the company staff by eight per cent. Absenteeism is a serious problem in industry today, but it is a comparatively uncomplicated one, and given the full co-operation of management it is in your power to rather effectively control it. To deal with absenteeism you must first of all know who is absent. No doubt this seems self-evident, but there are many plants in which no centralized record is kept from day to day of the employees who have failed to report to work. The medical department is the logical place in which to accumulate such records, for once you have absenteeism under control, by far the greater percentage of absences will be for purely medical reasons. To secure this information and to have it available when it is most needed, it is necessary in most plants to secure the co-operation of the foremen and department managers in reporting early in each shift the names of those employees who have not reported for work. Nor should the office staff be overlooked, for absenteeism is very nearly as large a problem amongst the office workers as amongst factory workers. Having discovered who is absent, one must then find out why they are absent. This information is not to be found within the company walls. The causes arise in the homes of the workers and it is to the homes we must go to discover them. If we are to secure the co-operation of the employees we can only call upon them in their homes in the spirit of sympathy and understanding. We must assume that the absence is legitimate. You, the industrial nurse, are the logical person to approach the employee in this spirit. In the simple act of doing so the first miracle is performed. Experience shows that when the practice is adopted of making sympathetic calls on even a small number of your persistent absentees, the percentage of absences throughout the whole staff will be drastically reduced.

But there is another technique which is even more effective. Ask your management to require all employees — office and factory — to report to the medical department on the day on which they return to work following absence. Again your approach must be the assumption that the absence was due to legitimate illness. You can't banish absenteeism any more than you can banish alcohol. You must legalize it, and then control it. Often the employee will tell you that he was just too tired to get up. Occasionally you may suspect a hang-

over. Many will obviously have been ill. But very few will attempt to deceive you if you are sympathetic and uncritical. Note these reasons briefly in individual absence records. Most of these records will never be read again, but after a very few weeks certain persistent absentees will begin to identify themselves. Call these employees in and weed out those who appear to be frequently absent for purely medical reasons. Turn the rest over to the personnel department for discipline. While these measures are effective, the employees must not be permitted to feel (for it is none of your business) that you are playing policeman or making trouble for them. You are sleuthing for germs, not crimes, and the employee who is unjustifiably absent is the intruder. He is wasting time that you should be spending with the people that need your help and advice. Keep strictly to your own field, and let those who should do so, take care of discipline.

Three months after we instituted this program of home calls and absentee interviews, six employees who had been problem cases for years had been brought to treatment, of which four were surgical cases. Four employees had been discharged for persistent absenteeism. Two others had obligingly given notice under the strain. In six months our absenteeism had dropped from 10% to 3.5%. We now consider 3% normal and are genuinely alarmed when it reaches 4%. In other words, in a time of acute labour shortage, the medical department conjured up, out of thin air, more than 50 trained employees and put them to work in the factory!

So much for our general health services. You see how important is the relationship between the medical department and management. Notice, too, how the personnel department and the medical department work hand-in-hand. The personnel department has three main functions — it helps to formulate the company's policies towards its employees, it interprets such policies, and it sees to it that these policies are adhered to by both employees and management. The provision of industrial medical services is a matter of the company's policy towards its employees, and can become the strongest link in labour-management relations. It is for this reason that the administration of the medical department should be — in theory at least — under the direction of the personnel manager. To be practicable, however, this rule must presuppose a sound personnel management that is responsible directly to the president of the company. Otherwise, almost any other arrangement that seems to work might be said to be preferable.

I hope that some day someone will ask my advice in drawing up a course in personnel management, for I should like to suggest to someone who will listen, a series of lectures on medical ethics. Very, very few personnel men have any conception of the proper relationship between patient and doctor, between doctor and doctor, and — most important of all — between nurse and doctor. For industrial nurses, on the other hand, I would suggest a course in what, for want of a better name, I call "management ethics." I do not pretend to be qualified to deal with this subject fully but I must at least attempt to define it. It has no rule of thumb, for each industry has its own rules of etiquette. But as an example it is safe to say that in almost all plants it is a "breach of ethics" to approach an employee directly without first seeking out the foreman. It is absolutely unforgivable to call an employee away from

his job without the foreman's permission. The foreman is responsible not only for his department's production, but also for the safety of his staff. The absence of an employee without the foreman's knowledge interferes with production and frequently constitutes a hazard to other workmen.

This example is simply a matter of common sense, but it is a rule that is too seldom followed. The lines to be followed in approaching supervisory staff are complex and will depend upon your own place in the company's structure, the position of the person to be approached, and the subject to be discussed. The lines of authority in various companies differ greatly, but in a typical management structure they might operate somewhat as follows: Should the nurse desire to secure a different type of bandaging she might be quite correct in approaching the purchasing agent directly. On the other hand, if she wished to obtain an autoclave she would take the matter up through the personnel manager who would seek authority for spending this amount of money from the president and present an authorized requisition to the purchasing agent. If a bulb burns out she would naturally go directly to the foreman of the electricians. If you require some technical information on plumbing you might be justified in going directly to the chief engineer. If, however, you wanted an addition made to the medical department, again you would take the matter up with the personnel manager who would consult with the works manager. Authorization would be sought from the president and the works manager would issue instructions to the chief engineer, who would instruct the foreman to begin work on the job. These examples may serve to give you my conception of management ethics. Watch for it, and study it in your own work.

The most important factor in the relationship between nurse and industry I have left to the last. This would be my advice to the nurse entering industrial work — "get out on a limb." This is the greatest point of difference between private or institutional nursing and industrial nursing. In private nursing the responsibility rests upon the doctor and the nurse follows his instructions. Only a few of the largest industries have full-time doctors. In all the rest the nurses carry the greatest part of the responsibility. Such a condition is undesirable, but in practice it almost invariably exists. The average business man is too impatient to wait until tomorrow morning or the beginning of the week to get things done. He reaches for the telephone, issues his instructions, and holds whoever takes the instructions responsible for getting the job done. In private practice it is often sound psychology and in the patient's best interests for a doctor to look wise, prescribe a pink aspirin and wait for new symptoms to lead him to a diagnosis. There is no one but the patient to complain if a few days rest is advised. Not so in industry. Missouri must be thoroughly depopulated by now, for every manager of this and every other continent is a Missourian. Management does not expect you to be always right. They are not always right themselves. But management does expect you to be always sure. They will forgive you if you err occasionally. They lose all patience when you temporize. Did you ever have an employee come to you and say, "I don't feel well, I want to go home"? And did you examine his disgustingly healthy pharynx, take his utterly normal temperature and say in a weak voice, "Well, if you don't feel

well, there isn't much point in staying — is there?" What did you stand to lose by saying, "You're not sick enough to go home. Go back to work and finish out the day." No one has yet convinced me that an employee who is well enough to come to work in the morning and who has no symptoms that would be obvious and significant to an intelligent trained nurse, will hurt himself by at least finishing his day's work. You are the sole authority in your field and no manager can help you decide whether to call a doctor or whether a slightly disabled employee is fit to continue with light work. He expects you to tell him, and unless you do, you will lose his respect and his support. What is worse, you will lose the confidence of the employees, for every sign of indecision is multiplied and accumulated amongst the same closely knit group of people month in and month out, year in and year out. I repeat, therefore, get out on a limb. And if you don't like being out on a limb, go back to the hospital. You don't belong in industry.

Pulse 97. Temperature 97.3. Pronounced tremor. Profuse diaphoresis. Patient reports loss of weight and indifferent appetite. Here, you would say, are conditions suggestive of anaemia, or perhaps a thyroid disturbance. Or could the poor fellow be in the early stages of the development of tuberculosis? This time your diagnosis is wrong. These are simply the symptoms of a layman addressing a gathering of nurses. Nevertheless, I am grateful for the occasion, for yours is a great opportunity and a great future. Industrial nursing is not a war baby, born on sufferance and destined to be abandoned on the government's doorstep when the war is over. Nor should industry continue to regard its medical departments as merely service departments. You are members of self-sustaining, profit-bearing production departments, turning out man-power for the prosecution of the war and the maintenance of the peace to come.

An Announcement to the Members of the Canadian Nurses Association

The Provincial Associations of Registered Nurses have been notified of the resignation of the Executive Secretary of the Canadian Nurses Association, to take effect on September 30, 1943. Applications for this position should be made not later than April 30, 1943.

The editor and business manager of *The Canadian Nurse* wishes to be released from her duties on December 31, 1943. Applications for this position should be made not later than July 31, 1943.

Members of the Executive Committees of the National and Provincial Associations have been advised of their responsibility to discover within their respective Provinces, or elsewhere, persons suitable to fill these important positions, and to encourage such persons to apply for these offices.

Applicants are advised to state fully their professional qualifications and experience; more especially, that which might qualify them for the particular position in question.

Applications are to be addressed to the Chairman of the Selection Committee, in care of National Office, Canadian Nurses Association, 1411 Crescent Street, Montreal, Que.

MARION LINDEBURGH
President
Canadian Nurses Association

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

The Bunyan Bag Treatment for Burns

KATHERINE INCH

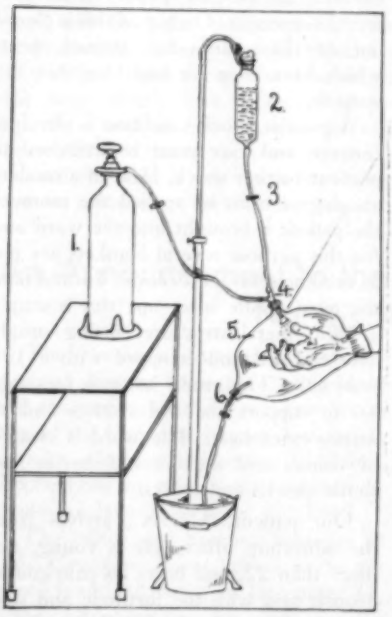
As more and more inexperienced workers are absorbed into war industries the accident rate rises and, as the number of aeroplanes in the sky increases, so do the crashes. One of the most common types of injury met with in both these instances, is that of serious burns. What new treatments have been worked out to meet this situation?

Let us set the stage on the men's surgical ward of the Royal Victoria Hospital, Montreal, where an emergency case involving shock and severe burns is about to be admitted. The scene opens on the ward where all is quiet except for the insistent ringing of the telephone. Peace reigns everywhere and even Mr. K. the chronic complainer, is resting silently, temporarily reconciled to his world. The voice on the telephone is that of the admitting officer; his message "Aeroplane crash . . . patient badly burned . . . being sent up immediately." The first act has begun and the leading character is about to make his appearance. While he is being transferred from the admitting office let us focus on the ward. The nurses assemble to prepare for the patient. There is hurried consultation. Their immediate concern is with possible shock, pain and the need for local treatment of the burn. Two nurses speed away, one to prepare a bed, the other a hypodermic of morphia. The bed is made by spreading a full length bed-rubber over it to protect the mattress. On top of this is placed one of those clean but stained sheets which have been set aside for just this purpose.

A possible shock condition is our first concern and care must be exercised to prevent further shock. Heat in a moderate degree must be applied the moment the patient is brought into the ward and for this purpose several blankets are put in readiness by the bedside. In addition, the burn cradle is set up; this is simply a light, metal structure, fitting snugly over the bed and equipped with a 100 watt bulb. This cradle has two functions — to support the bed clothes and to supply extra heat. The ward is cleared of visitors and doctors and nurses don sterile gowns and masks.

Our patient, Mr. X., arrives from the admitting office. He is young, not more than 22, and bears his pain courageously and with the fortitude and stoicism of youth. He is carefully lifted into the bed which (the burn cradle having been in operation for several minutes) is already warm. As a first step, his pulse, respiration, rectal temperature and blood pressure are taken and the morphia is given.

The shock troops, consisting of doctors specially prepared for the work and technicians from the blood bank, now arrive equipped with filter sets and flasks of whole plasma. They begin their work immediately. If the patient is in shock a veno-puncture is made on an unaffected area, in this case on the lower part of one of Mr. X's legs, and the transfusion of plasma commences. In case transfusion of blood should be necessary, blood for a cross matching is taken when the veno-puncture is done. The concentration of the blood (that is of the haemoglobin) is determined and checked frequently for the next few days.

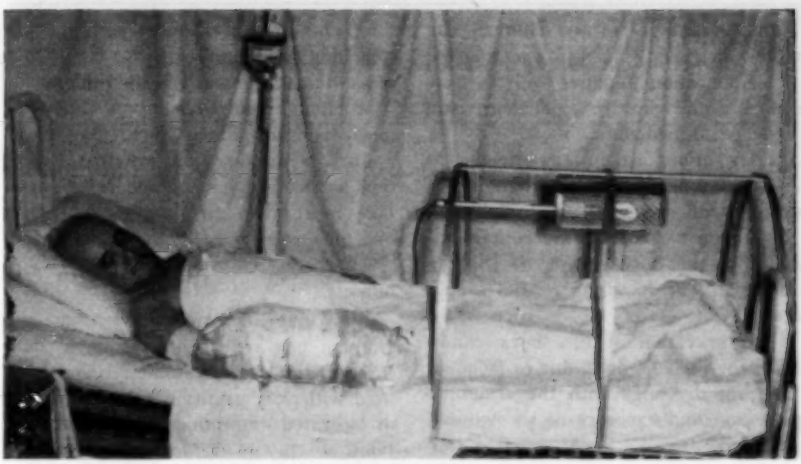


(1)*Cylinder of oxygen 95% and carbon dioxide 5%*; (2) *cylinder for irrigation*; (3) *clamps on tubing*; (4) *glass Y inserted in vent in Bunyan bag*; (5) *Bunyan bag*; (6) *vent with rubber tubing for outflow.*

The patient having had sedation for pain, external heat for shock and fluid to replace the great quantities which he has lost, is now moderately comfortable. The entire body is next carefully examined to discover the true extent and seriousness of the various burns. Head, face, chest and left scapula region are found to have superficial burns. Both arms, with the exception of bands above the elbow where the rolled sleeves of the shirt have offered protection, have second and third degree burns. Superficial burns are treated with triple sulphonamide emulsion. Treatment of second and third degree burns is our real concern and this is simple with our present method, the use of the Bunyan bag.

Let us here include a note on the bag itself. It has been named after Dr. Bunyan, a British dentist, who first originated it. We have produced a simplified one in which the same principles are applied. It is made of plioform, which is more tough and pliable then cellophane and is cut the necessary size and shape, and stitched on the sewing machine. In appearance the bag resembles nothing quite as much as a large translucent sausage skin. It is open at one end and, on one side and the bottom, are vents. The bags are sterilized by soaking in a solution of oxy-cyanide of mercury 1-1000 for ten minutes and rinsing in sterile water or by boiling for three to five minutes. The latter method however causes the material to have a cloudy appearance.

The aim throughout the whole treatment is to cleanse the wound of organisms already present, and to prevent secondary infection with its associated toxemia and inflammation, consequent fibrosis and final contracture or scarring. Contracture is the complication most feared in burns of the extremities. In our experience in therapy with the Bu-



The Bunyan bag is shown in position. The canopy of the burn cradle was removed to show the metal framework and electric bulb.

nyan bag, we have found that the relief of pain by this method occurs far more rapidly and completely than in the case of any local method previously used. At this point I will try to present a clear picture of the treatment.

Equipment:

1. A small tank of 95% oxygen — 5% carbon dioxide, with rubber tubing and clamp attached.

2. A tray with the sterilized Bunyan bag wrapped in a sterile towel. A three inch gauze bandage; a roll of medium cotton tape; a roll of adhesive tape; a pair of scissors.

3. A sterile irrigating can or glass cylinder with rubber tubing and clamps; a sterile glass Y; sterile solution for irrigating; a large basin or pail for the return flow.

Method:

1. The irrigator is hung up, the tank of oxygen and carbon dioxide is placed in position and both are attached to the glass Y.

2. A nurse now places the Bunyan bag on the patient's right arm and the top is closed around the arm, being first bound with moderate tightness by a gauze bandage, and then firmly with strips of two-inch adhesive over the gauze.

3. The upper vent is now opened and the glass Y introduced into it and fixed with adhesive. The bag is inflated with gas and the tube leading from the gas tank clamped. The tubing from the irrigator is then unclamped and when the bag is fairly well filled with solution, the vent near the bottom is opened and the fluid allowed to drain into the basin or pail. Various solutions are used for irrigation, but in this case it is Ringer's solution to which has been added a powder made up of the three sulfa products.

4. The lower vent is closed and the bag again inflated, becoming an airtight chamber. The arm rests comfortably and requires no dressings. Nursing care will now consist of irrigations of the burned areas in the bags at intervals of two or three hours using approximately one quart of solution depending on the condition of the wound.

The advantages of the Bunyan bag method of treating burns are as follows:

1. Application requires only a few minutes and, with its application, pain is relieved immediately.

2. Irrigations are just as effective as the old method of frequent changing of dressings and are practically painless.

3. There is absolutely no contamination from the outside since the bag is airtight and no handling of the part is necessary.

4. Aggravation of the shock condition in the earlier stages, due to frequent change of dressings with the accompanying pain and exposure of the wound, is avoided.

5. The absorption of toxins is diminished.

6. A further advantage, due to the absence of heavy dressings, is that the arm may be moved quite freely, the fingers flexed and circulation and movements maintained throughout the healing process, thus inhibiting contracture.

7. There is a definite saving of gauze.

8. The patient, the doctor and the attending nurse are able to watch the rate of healing without difficulty. This offers considerable encouragement to the patient. Investigation on the part of the interne and head nurse when rounds are made is greatly simplified.

9. Another important advantage from the point of view of both the patient and the nurse, and the well being of the rest of the ward, is the time saved. The changing of dressings would ordinarily consume about thirty minutes of a nurse's precious time whereas irrigation by the Bunyan method rarely need take more than five minutes. If only one arm is affected, the patient is able to carry on the treatments entirely by himself.

The one disadvantage is that the Bunyan bag treatment is suitable only for burns of the extremities. It has been used with very gratifying results in cases of lacerated extremities and of amputations.

In the case of our young Mr. X., the Bunyan bag treatments with irrigations every two hours will be continued for a period extending probably from two to three weeks. During that time the patient will be receiving from 2500 c. c. to 3000 c. c. of fluids daily; the urine output will be measured; his diet will be high in protein to insure tissue building. Calamine cream, or sulfathiazole emulsion dressings, are then applied for the remainder of the healing period. The third act curtain then comes down on our young Mr. X., walking off the ward a well and happy man, leaving behind him doctors and nurses satisfied that they have cured a patient in a simple yet painless manner.

Lost in Flight

A Canadian Pacific Airlines transport airplane was lost near Vancouver on December 21, 1942. No trace of it has yet been discovered and the members of the crew are presumed to have been killed. Among them was the stewardess, Edna Young, a graduate of the School of Nursing of the Royal Alexandra Hospital, where for a time she was a member of the nursing staff.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Dates, Doubts and Decisions

WINNIFRED ASHPLANT

Health Counsellor, Secondary Schools, London, Ontario.

We have been given three essential tools with which to build our lives: the wind, the body and the emotions. I have named them in this order because it is the order in which responsibility for them has been accepted by our system of education. In the not too dim past it was deemed necessary to develop the mind only, in order to live a full and satisfying life. Many a brilliant mind failed to contribute to society because of an untimely death, due to a preventable disease. During the Great War of 1914-18 a flickering light became a flaming torch, the torch of public health, which has blazed during the intervening years, bringing prevention of disease and correction of physical defects in its path of light.

The democracy for which we are now fighting subscribes to the development of the individual as a whole — in all his potentialities. We must, therefore, accept some responsibility toward the third tool, the emotions. There has been considerable discussion in the past as to where responsibility in this matter rests. Is it in the home, the school, or the church? Personally, I feel it should be shared by all three, with the school responsible for imparting factual knowledge. The difficulty in the past has been the fact that the average parent has no been adequately prepared in terminology and has also carried over the feeling of guilt with which this subject has been imbued in the past. What we must realize is that our young people are growing up in a world totally different from the one in which we grew up. Are we going to send them out into this world unprepared?

Youth to-day is candid, courageous and sincere in wanting to make something worth while out of life. Many of them have already developed fixed ideas on controversial social topics, and we cannot change these ideas by argument. The change will be gradual, and will be effected only after we have presented a sound foundation for future living. It is not so much a case of education, at present, so it is one of re-education. There are, however, a few points we can capitalize on: first, their desire for social efficiency, second, their emotional interest in humanity, third, their idealism.

I have divided my subject into three parts: dates, doubts, and decisions because this is the sequence in which these problems present themselves to the average adolescent. They are interested in "dates", because to them a date is the

badge of popularity. Frequently the actual fact of sex attraction has not occurred to them. Normally, girls and boys should be interested in one another as they mature, and opportunities for happy companionship should be provided and encouraged. What they are really doing is seeking to clarify their own thinking in regard to a design as to those qualities which they want to find in their future mate. How can they do this except by personal experience which helps them to decide the characteristics they admire, and discard those which they find unacceptable?

Inevitably the question arises: "how old must I be before I can go out with a boy friend?" There is only one answer I can give them: "as soon as you have proven to your parents that you are capable of accepting the responsibility of your actions with boys." Can they accept responsibility for their actions without knowledge? It is after they have been "dated" that doubts arise as to what attitude they will take in certain situations. "To pet or not to pet?" that is the burning question. The affectionate caress is a family institution and has received the approval of mother, father, sister and brother. Suddenly this caress from the boy friend takes on a new meaning; new sensations are awakened. Youth must learn that there is a vast difference between an affectionate caress and exploration of their bodies. The latter provides a stimulus, the response to which carries them into deep waters.

Sometimes they are told that it is new and modern to satisfy these emotions when they arise. It is just as modern as the Garden of Eden. In the past, in an attempt to save youth from the abnormalities of sex life, we have failed to present to them the ideal of a normal sex life provided by marriage to one we love. We teach our children to admire beautiful things, but not to steal them. Should we not apply the same principle to the gift of life itself?

To help them solve these doubts on a sound basis, we are teaching them the anatomy and physiology of the generative organs, both male and female. We also present the ideal of marriage as being based on common interests, companionship, understanding, and respect, as well as sex attraction. In the final analysis they must make their own decisions. We can only present the ideal. These ideals and standards of conduct will guide them in accepting their responsibility toward urgent social problems, namely venereal disease. Knowledge regarding the cause, symptoms, and methods of transmitting these diseases will develop sane and wholesome attitudes towards them. Too often they have been presented in such a way that both girls and boys have been deprived of normal, happy companionship through fear.

We cannot choose the problems with which our young people will be confronted in the future, but we can help them to choose the spirit with which to meet these problems triumphantly.

What Do You Think?

The first questions inviting an answer or answers from Public Health Nurses have been received. These are very timely since industrial nursing is developing very rapidly in Canada. We hope that nurses engaged in this branch of nursing service will take up their pens and send their answers to the following questions to the Convener of Publications, Margaret Kerr, University of British Columbia, Vancouver, not later than March 22, so that they may be published in the May issue of the *Journal*. Perhaps in this way nurses

who are engaged in this vital work may be given some encouragement and others may be stimulated by hearing more about this very worthwhile branch of public health nursing:

Question One—What obstacles are you meeting in carrying out your nursing programme in industry?

Question Two—What do you as a nurse in industry really need to know over and above what the average nurse already knows?

She Had Never Seen the Sea

On a summer day last year survivors from a torpedoed ship were taken into a Grenfell Mission nursing station on the Labrador coast, by a corvette. Their ship had been hit amidships and sunk in 27 minutes. The men had been afloat in lifeboats and on rafts for six hours before a plane had spotted them and signalled the corvette to the rescue. Some of the men had stood all the time in ankle-deep water, and collapsed on landing. They were coated with oil and some were vomiting from swallowing large quantities of it. One was rescued unconscious from the water and some were hardly breathing from injuries or exposure. They arrived cold, hungry, and haggard-looking. Many had lost all their clothing and were wearing just what could be spared from the Red Cross supply aboard the corvette.

There is only a two-bed ward at this station, but the nurse in charge soon had the casualties put to bed, on the floor and everywhere that a bit of space could be found. All the survivors were given breakfast at the nursing station, and by noon the fisherfolk in the village had taken in all those for whom space could not be found at the station. Each home took as many in as they could accommodate, ranging from two to ten men. The nurse had only one aide, a local girl. Fortunately there were two cooks and a baker amongst those rescued unhurt. They soon took over the kitchen, leaving the nurse and her assistant to devote full time to the patients.

A doctor and another nurse, summoned from the main Grenfell Mission Hospital, about a hundred miles distant, arrived in the hospital boat. In a short time the most critically injured survivors were on their way to the hospital, while the rest were recovering in the care of the Mission nurse. Long tables were set up in the living-room, and between meals the men sat around them playing games, reading, or listening to the radio. Three days later a rescue ship arrived and took the men aboard. The nurse wrote afterwards "They were a fine bunch of men, just doing their part. We shall miss them".

Editor's Note: We are indebted to Miss E. G. Graham, secretary of the Grenfell Labrador Medical Mission, for sending this vivid story and the circumstances of its release are indicated in her covering letter:

Just about a year ago I wrote seeking space for an advertisement for nurses to go to Newfoundland or to one of our Labrador stations. At that time you were good enough to insert a notice for us free of charge. This bore such good fruit that I am coming to you once more.

Our staff selection committee are even now looking about for nurses, doctors, dentists and others to fill several vacancies

which we shall have as soon as navigation opens up. I should so like to make it clear that ours is not exactly a peace-time service today. To illustrate that point I am enclosing a brief article. The facts were known to us—along with a great deal more which we must just keep to ourselves. In time, however, the Intelligence Branch of Naval Services allowed us to release this item. I am not allowed to publish the names of either the place or the nurse but I would like to say that she is a Canadian who applied on seeing the notice in *The Canadian Nurse*. She had lived on the prairie for years and when she called at this office, en route to the Coast, she told me that she had never seen the sea. I have thought of that statement since hearing about this experience of hers.

Any nurse who has had some experience, since her basic training, preferably in district nursing, or better still in public health, can receive details and application forms by writing to me at this office—Miss Ethel G. Graham, Grenfell Labrador Medical Mission, 48 Sparks Street, Ottawa, Ontario. The work is hard but it gives a deep and lasting satisfaction that is hard to define.

A Student Nurse's Prayer

In the midst of a bevy of tests—preparatory to the donning of the "cap" by the probationers—and midst the sound of groans and the shedding of a few tears at the prospect of being left out in the cold on "Cap Day" the January number of *The Canadian Nurse* arrived. As I turned its pages, my eyes fell on Miss Mercer's poem entitled "A Teacher's Prayer". In a burst of sympathy for my teachers, I typed the poem and posted it on the bulletin board of the demonstration room. Could we sympathize with our hard-working, disappointed teachers? We tried!

On the following morning, close to the above-mentioned poem, there appeared yet another, entitled "A Student Nurse's Prayer". Could our teachers sympathize with us? They tried, no doubt!

Supplementaries and other worries are all behind us now and the nice, short little ceremony of cap donning for all of us was a happy event! We *do* look nice—twenty-nine strong—ready to renew the face of the earth, or at least the Hospital—if they'd let us!

And here is the poem:

O God of mercy, hear Thy nurses' prayer
For we are in the depths of dark despair.
Our teachers (though we know they are
the best)
Are wasting all our time with endless tests!
Meanwhile there looms an ever-widening gap
Between the nurses, and the "day they get
the cap!"

We study with a vigour and a vim
We study till our weary eyes grow dim
And just because we steal an hour or two
To have some needed fun and laughter, you
Dear teachers, think our conscience dead,
When all we do is rest our weary heads!

Perhaps we find it hard at first to grasp
Nursing technique and drugs and things
like that,
But we have willing hearts and eager feet
And try in all our work to be so sweet.

O let your heart with pity fill for us
What have we done that you should treat
us thus?
Please let us pass and grant our last request:
That we may have our Caps—and no more
tests!

And people think a student's life an easy one
Dear Lord, do teach us wisely to blend
work with fun!

Editor's Note: The Reverend Sister Catherine Gerard, superintendent of the Halifax Infirmary School of Nursing, tells us that this amusing retort was made by "a member of the School of Nursing".

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

A Nursing Study of Fracture of the Skull

GERALDINE GRAHAM

Brain surgery always seems dramatic and excites deep interest on the part of the nursing profession. We do not always have such a startling succession of events, however, as is presented in the following case. Mr. X., a young man of eighteen, was employed at war work in a local factory. On July 15, he fell off a ladder, for a distance of 18 feet, striking his head in the right frontal region. He was unconscious for about 45 minutes, but regained consciousness before he was brought to the hospital by ambulance.

When admitted to hospital, he was quite conscious, and had the use of his speech and could control his body movements. He was expectorating blood and complained of a steady pain in his head. An x-ray of his skull showed a long horizontal fissure fracture in the lower right frontal area, extending from the frontal sinuses slightly to the left of the mid-line in the region of the base of the skull.

The treatment on admission was absolute rest. Fluids were restricted, and the intake and output carefully checked. The blood pressure, temperature, pulse, and respirations were noted every two hours; the pulse remained between 60 and 72 and was quite strong and steady. An ice-bag was applied to his head, and chloral hydrate and sodium bromide were ordered as a sedative, if necessary.

During his first hour in the hospital, the patient lapsed periodically into a state of unconsciousness, and by 7.30 p.m. he was definitely in a coma. Gradually he lost the use of his left arm and leg until his whole left side was paralyzed. This condition became steadily worse. A consultation of doctors was held, and it was decided to operate immediately. At 10.45 p.m. he was taken to the operating room. The operation consisted of the trephining of the skull. An epidural blood-clot was found and removed and, as soon as the pressure of the clot on the brain was relieved, the patient began to regain the use of his faculties. He became conscious, started to talk and, before he left the operating room, shook hands with the surgeon with the hand which had previously been limp and useless.

For some time after his return from the operating room he was very restless, picking at the bandage and attempting to get out of bed. Chloral hydrate was given as a sedative. He suffered great discomfort from nausea and had difficulty in retaining fluids for about four days. The emesis usually contained particles of bright red blood from a surface pharyngeal injury. On the fifth

night and thereafter, he slept at longer intervals. The nausea and vomiting disappeared, and he was able to take ice-cream, custard, egg-noggs and fruit juices.

The patient suffered severe headache at times, and an upper left molar, which had been split at the time of the accident, caused him considerable discomfort. On the thirteenth post-operative day, a slight swelling appeared about the incision; it was incised, allowing a small amount of dark blood to drain off. No further complications appeared. His appetite improved every day and he soon became his own bright and cheerful self. On the twenty-fourth day he was allowed to sit up in a chair, and on the twenty-eighth day he was discharged —a well man.

Sight Saving Classes in our Schools

The first sight saving class in Canada was established in 1917, after the great explosion in Halifax harbour, which impaired the vision of many children as well as adults. At present there are sixteen classes in Canada. The purpose is threefold — to instruct visually handicapped children with a minimum of eyestrain; to teach them how to conserve the vision they possess; and to provide such vocational guidance and training that they may fill useful places in the community. The methods used in sight-saving classes must, from necessity, differ from those used in normal classes although the same courses of study are followed, with few omissions. Much time must be spent in oral work. Often, sight saving pupils have an inferiority complex, due to their handicap, and the teacher must try to help them to gain confidence in themselves. Public speaking classes, conducted in the form of meetings, with an open discussion at the close of the period, have been found very valuable in giving the pupils training in speaking and leadership. More individual guidance is required on the part of the teacher because these children cannot be allowed to work alone for any length of time.

Many sight saving classrooms are equipped with special blinds which fasten in the centre of the window, and can be pulled up and down. These are made of material which allows light to enter, while preventing glare. The best colours for walls are pale blue and green and for ceilings dull cream. The woodwork is best painted a light colour such as grey or buff, as these colours do not absorb the light. Books with large type are used. Some of the text books have been photographed and enlarged by the Board of Education but this is expensive, hence all the books required have not been photographed. The sight saving teacher, therefore, often finds it necessary to select material from various sources, and arrange it in the form of a book. By using carbon paper, a number of copies can be made at once, on a typewriter with large type. Large desks are used because these books require more space. The desks are movable, so that the pupils can place them where the light will reach them best, and have tops which can be adjusted to the correct angle for reading and writing. Thick chalk, sometimes pale yellow in colour, and pencils with a heavy black lead are used. The pupils staple sheets of cream art paper together, cover them with wrapping paper, put an attractive picture or design on the cover, and use the books thus made for their notebooks and workbooks. A light meter is of great value in sight saving classrooms, as by its means the teacher can tell whether each pupil has the required amount of light.

Editor's Note: These excerpts are taken from an article written by Jean Hincks, teacher, Senior Sight Saving Class, Hester How School, Toronto. The original article appeared in: "Stepping Stones," a bulletin published by the Public Health Nurses Association, Department of Public Health, Toronto.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Committee Meeting

An interim meeting of the Executive Committee of the Canadian Nurses Association was held in Montreal on February 5 and 6, 1943. Those present were: the president, Miss M. Lindeburgh; the first and second vice-presidents, Miss Marjorie Buck and Miss F. Munroe; Chairmen of Sections: General Nursing, Miss M. Baker; Hospital and School of Nursing, Miss M. Gibson; Convener of the Committee on Nursing Education, Miss E. K. Russell; Councillors from the Province of Quebec: Miss E. Flanagan, Miss W. MacLean, Miss K. Dickson, Miss E. Killins; Miss M. Myers (New Brunswick); the Emergency Nursing Adviser, Miss K. W. Ellis; the editor and business manager of *The Canadian Nurse,* Miss E. Johns; the Executive Secretary and Assistant; also on invitation, Miss E. F. Upton, secretary of the A.R.N.P.Q. The resolutions adopted included:

Health Insurance and Nursing Service:

1. That the core committee on Health Insurance and Nursing Service be instructed to draft standards and regulations related to the nursing service under a Health Insurance plan to be used as a guide and that copies of the regulations be submitted to the provinces at an early date for their comment and recommendations.

2. As many nurses are not well informed on Health Insurance and of the part they will be called upon to take in it, that the Canadian Nurses Association urge the provincial associations to allow time at their annual meetings for round tables on this subject; and that the same plan be followed where the provincial associations are organized into districts and these districts have annual meetings.

3. That the conveners of provincial committees on Health Insurance and Nursing Service be urged to keep their respective executive committee or council well informed.

4. That an immediate publicity programme be carried on by the provincial associations regarding nursing service under a Health Insurance plan; that the provincial Emergency Nursing Advisers be requested to work in co-operation with the provincial Health Insurance and Nursing Service Committees and that if no provincial Health Insurance Committee has been set up that the provinces be urged to do so as soon as possible.

5. That the Canadian Nurses Association write to the Minister of Pensions and National Health stressing the urgency of appointing some women members to the Select Committee which is to study social Security and Health Insurance.

6. That the Canadian Nurses Association obtain a "watching brief" which will permit a nurse representative to sit in at all meetings of the Select Committee at which Health Insurance is discussed.

7. That the Canadian Nurses Association send the National Director of Public Health Services a list (to be submitted to the Minister) giving names of members of the Association who could be called upon by the Select Committee to give information regarding nursing; this list would include the names of members of the core committee on Health Insurance and Nursing Service, the president, the two vice-presidents, the Emergency Nursing Adviser and the Executive Secretary of the Canadian Nurses Association.

Emergency Nursing Adviser:

1. As the national publicity programme has been well launched and the provincial associations are assuming increasing responsibility, and as the contract with Mr. Lawrence, publicity counsel, has terminated, that the contract with Mr. Lawrence be not renewed but that the advisory committee be authorized to consult him or some other counsel as occasion arises until June 1943.

2. That the Department of Pensions and National Health be asked to request the National Film Board to prepare a film for the Canadian Nurses Association.

Survey of Nursing:

1. As a Survey of Nursing is being undertaken in order to secure information, that the immediate report which will be prepared for the Canadian Medical Procurement and Assignment Board shall present only the assembled information; that is, the initial report will not be accompanied by recommendations.

2. That, in proceeding with the work of the Survey, its director be authorized to expend such sums as are required to conduct it in the most thorough manner possible and with the utmost speed; if, for this purpose, the C.N.A. needs funds beyond those now available it be understood that the Association find funds by some special effort.

3. Due to the shortness of the time available for the proposed study of nursing resources, that the analysis and organization of the material obtained in the fact-finding study be carried on in the National Office of the C.N.A. with the understanding that each provincial association will have the right to use any of the material obtained.

Financing Attendance at Executive Meetings:

1. As it would now seem advisable for the Canadian Nurses Association to adopt a policy in regard to the financing of Executive Meetings, and in view of the fact that at present funds available to the C.N.A. are not sufficient to handle this financing, that the Provincial Associations be asked to increase the affiliation fee from seventy-five cents to one dollar per capita, and that thereafter all travelling expenses of authorized delegates to national executive meetings be paid by the C.N.A.

2. That one general executive meeting be held each year, and that a councillor or an officer of the National Exetive Committee be brought from each province to this meeting; also that any province wishing more than one councillor to attend meet the extra expense involved.

3. That the officers of the C.N.A. (the president, first and second vice-presidents, the honourary secretary, the honourary treasurer) and the Executive Secretary attend all Executive meetings with expenses paid.

4. That the chairmen of the three National Sections and the convener of he Committee on Nursing Education, or a representative appointed by each, attend all Executive meetings with expenses paid.

5. That the expenses of the members of special committees and members delegated for special duties be paid to meetings which in the opinion of the President are necessary.

6. That the expenses allowed for attendance at meetings as outlined be limited to: (a) travel by train (b) other expenses, not more than $6.00 per day.

7. That a memorandum be prepared and sent to the provincial associations explaining: (a) the present cost of conducting national business; (b) the fact that it is proposed to increase fees at the next biennial meeting (1944); and (c) that to take care of the immediate period (that is the remainder of the present biennium) each provincial association is asked to make a special contribution to national funds equal in amount to at least twenty-five cents per member. It is understood that each association would be free to decide upon its own method of collecting this special fund.

Hours of Duty for Nurses:

As the question of hours of duty for nurses is one that is being given direct attention by the Emergency Nursing Adviser in each province, that in order to avoid duplication the activities of the special committee on Hours of Duty for Nurses be suspended for the time being at least.

Labour Permits:

That a letter be written to the authorities in Ottawa stating that while their interest is appreciated in referring to the C.N.A. applications from nurses for Labour Exit Permits, the Association feels that it should be the decision of governmental authorities as to whether or not nurses be permitted to leave the country at present.

Queen Alexandra's Imperial Military Nursing Service:

That the Canadian Nurses Association is agreed that 100 nurses be obtained at once as a token of appreciation of the urgent needs of the Queen Alexandra's Imperial Military Nursing Service, and that the question of sending a larger number be left in abeyance until the completion of the survey of nursing resources; further, it is recommended that every effort be made by the authorities to see that when these nurses are taken on strength that they be seconded to the Royal Army Medical Corps, and that the difference in pay and allowance be met by the Canadian Government as was done in the case of medical officers of the R.C.A.M.C. seconded to the R.A.M.C.; also that the services of the National Joint Committee on Enrolment of Nurses for War and Emergency Service be utilized in securing volunteers for the Q.A.I.M.N.S.

Committee on Arrangements: At the request of the Canadian Nurses Association, the Manitoba Association of Registered Nurses appointed Miss Ina Broadfoot as convener of the Committee on Arrangements for the General Meeting in 1944. Miss Broadfoot's appointment was ratified by the Executive Committee.

Director of Survey

Miss Kathleen W. Ellis, Emergency Nursing Adviser for the Canadian Nurses Association, has been appointed Director of the Survey of Nursing which is being made under the direction of the Canadian Medical Procurement and Assignment Board. Also, Miss Ellis is serving as liaison for the Association to the Executive Committee of the Canadian Medical Procurement and Assignment Board.

British Nurses Relief Fund

In meeting on February 5-6, 1943, the Executive Committee of the Canadian Nurses Association decided that in response to a request from the Silver Thimble Fund (Great Britain) and with the approval of the provincial associations of registered nurses, the sum of one thousand pounds from the British Nurses Relief Fund be used to provide an endowment, in perpetuity, for a bed in a hospital in Malta. The Committee on Administration for the Fund had secured the permission of the federal authorities to provide an endowment for a bed which, when necessary, is to be used for nurses in Malta; the bed to be named "Canadian Nurses Association". Also, the sum of one hundred pounds is to be made available for material aid to the nurses of Malta. The Royal College of Nursing in London, on behalf of the Canadian Nurses Association, has kindly offered to see about sending such aid to Malta at the earliest possible date.

As $26,500 has been sent to Britain to help civilian nurses as victims of enemy action and as funds on hand at February 1 amounted to $22,400, there is to be a temporary suspension of appeals for funds during the next six months; such suspension to be cancelled by the President in the event that it seems advisable to renew the appeal prior to September 1943. Also, from funds on hand, the sum of $5,000 is to be invested in the next issue of Dominion of Canada Victory bonds.

Contributions to the British Nurses Relief Fund have been received from:

***Nova Scotia*:**	
Cumberland County Branch, R.N.A.N.S.	$15.80
Pictou County Branch, R.N.A.N.S.	3.00
Halifax Branch, R.N.A.N.S.	23.25
Colchester Co. Branch, R.N.A.N.S.	27.50
Valley Branch, R.N.A.N.S.	42.00
***Ontario*:**	
District 1:	
A.A., Memorial Hospital, St. Thomas	13.00
A.A., Ontario Hospital, London	25.00
Windsor Registered Nurses	25.00
Districts 2 and 3:	
A.A., Woodstock General Hospital	26.50
District 4:	
A.A., St. Joseph's Hospital, Hamilton	84.00
A.A., Hamilton General Hospital	215.00
District 5:	
Matron & Nursing Sisters, Toronto Convalescent Hospital	10.00
Public Health Nurses Association, Toronto	40.00
Matron & Nursing Sisters, Chorley Park	27.00
Nurses, Toronto Hospital, Weston	36.75
A.A., Toronto General Hospital	125.00
Matron & Nursing Sisters, Military Camp, Camp Borden	25.00
District 7:	
A.A., Kingston General Hospital	100.00
District 9:	
Nurses, Sault Ste. Marie	25.00
District 10:	
Nurses, Port Arthur General Hospital	10.00

Annual Meeting of the R.N.A.O.

The Registered Nurses Association of Ontario will be meeting at the Royal York Hotel, Toronto, on April 28 to 30, 1943, as it is necessary to hold an Annual Meeting. Furthermore, the Board of Directors believes it a good policy, in these difficult times, to gather to discuss the many problems confronting us. The program is underway and we trust that many members will plan to attend.

MATILDA E. FITZGERALD
Secretary-Treasurer, R.N.A.O.

A Fact Finding Survey

A member of the Canadian Nurses Association recently remarked, with much truth, that letters from the National Office are exciting pieces of mail these days. It must be remembered, however, that all members of our national organization do not receive these exciting communications and that, even with the best intentions in the world, they cannot be shared in every instance. It is only through the medium of the *Journal* that we can hope to keep every member informed concerning the developments that are taking place in such rapid succession. At the moment, one of the most vital developments is the Survey or fact finding study now being undertaken by all health services in Canada under the auspices of the Canadian Medical Procurement and Assignment Board. This, we hope, will be well underway by the time this article appears in the *Journal*. A large and representative group recently met in Ottawa to complete the plans for the Survey. Among those present were representatives of Public Health Services (D.P.N.H.), Pensions, and National Defence (Navy, Army and Air), Canadian Medical Association, Canadian Nurses Association, Canadian Hospital Council, Canadian Dental Association, National Selective Service, and National War Services. Four Cabinet Ministers attended the sessions — the Hon. Ian Mackenzie, the Hon. J. K. Ralston, the Hon. C. G. Power, and the Hon. Humphrey Mitchell.

Like all other alliances, this collaboration involves certain handicaps, but it also has very definite advantages. As part of the main group, each participating organization must conform to the general principles laid down in the interests of all; nevertheless, direct responsibility for carrying on each study and reporting on the findings has been delegated to each national group. Those who entered into the final arrangements did so after careful consideration and in the belief that the advantages would far outweigh the inconveniences.

In accordance with these principles, the Canadian Hospital Council and the Canadian Nurses Association will collaborate with each other, and other related groups will doubtless do likewise. Each Provincial Association of Registered Nurses has appointed a representative who will act as liaison officer with other provincial groups. It will be recalled that some time ago the Provincial Associations of Registered Nurses, through correspondence, expressed willingness to participate and, prior to the general meeting mentioned above, a small delegation from the Canadian Nurses Association, representing the three major nursing services, met with the Executive Committee of the Canadian Medical Procurement and Assignment Board. At this meeting a general plan of procedure was outlined which subsequently had to undergo considerable modification. This was chiefly due to lack of sufficient funds and to the limitations imposed by the necessity of obtaining the desired information as quickly as possible.

The announcement that the Survey is to take the form of a *quick* study of present minimum needs and immediate resources will perhaps be welcome news to those upon whom the burden of answering questionnaires must devolve. Even though the Survey cannot be as thorough as had been envisaged by the C.N.A., it is nevertheless fairly ambitious and can only be carried out within the time limit through the whole-

hearted cooperation of every member of the C.N.A.

In these days of rapid change, equally rapid adjustment is necessary, and this places additional responsibility on nurses whose co-operation is essential if effective distribution and collection of questionnaires is to be achieved. In the preparation of these requests for information, the C.N.A. has been mindful that they add to the burdens already being carried by busy and harassed people. Every effort has accordingly been made to make the questions as simple and direct as possible in the hope that the forms will not be consigned to an obscure pigeon hole along with other correspondence which must be answered some day whenever an overworked woman has time and strength to cope with it. It is earnestly hoped that one hundred percent returns will be forthcoming from which a clear and accurate picture of prevailing conditions may be obtained.

It is of interest to note that, at this time, National Selective Service has under serious consideration the advisability of conducting a registration of all graduate nurses. From this source (and from the Survey) a wealth of information will be afforded that will be of the utmost value. No duplication is involved because the survey has been so planned that its findings may be readily dovetailed into those obtained through National Registration. The cost of registration will be met by the Federal Government.

Neither the survey nor national registration presupposes directive control. Any action that may be taken depends upon the extent to which effective adjustments and distribution can be achieved on a voluntary basis.

Time is the essence of the contract and there is need for co-operative effort on the part of every nurse in Canada.

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association.

A New Appointment

ELLEN EWART

It is announced that Miss Ellen Ewart will succeed Miss Margaret Cameron as superintendent of nurses at the Mountain Sanatorium in Hamilton, Ontario. Miss Ewart is a graduate of the School of Nursing of the Hamilton General Hospital and of the McGill School for Graduate Nurses. After serving as assistant superintendent of nurses at the Laurentian Sanatorium, she became the supervisor of a ward at the Hamilton General Hospital and later accepted a position as instructor of nurses at the Guelph General Hospital. Since 1938, Miss Ewart has rendered valuable service as assistant superintendent at the Mountain Sanatorium.

Miss Ewart is actively interested in the campaign to prevent, cure, and control tuberculosis and may be relied upon to give enlightened leadership to the nursing group who share in this important task.

STUDENT NURSES PAGE

A Case of Haemolytic Anaemia

HELEN DAVIS

Student Nurse

School of Nursing, Victoria Public Hospital, Fredericton, N.B

This article describes the treatment and nursing care given in our hospital to a patient suffering from congenital familial haemolytic anaemia. Catherine Y. is nine years old, and is the youngest child in a family of four girls. Her father had considerable means, but died last summer as the result of an accident. Since then, the family has been supported chiefly by a sister, who is a school teacher and is now a victim of this same disease, from which her father and uncle also suffered. Catherine is an attractive child, of average intelligence, and seems to have received good training, but is perhaps used to having her own way. Catherine had been attending school regularly until the onset of her present illness, when she complained of sore throat, headache, nausea and vomiting. She was examined by a doctor and three days later her mother noticed that the skin of the palms of her hands and the soles of her feet was yellowish. The condition continued unimproved and hospitalization was advised. On admittance, Catherine presented the picture of a very sick child. She was jaundiced, her pulse was rapid, her temperature was elevated, and her respirations were rapid and shallow. She complained of feeling very tired and weak and slept the greater part of the day.

From a blood count taken on November 14, it was found that the haemoglobin was less than 20%; the white blood count was 12,200 (normal being 5,000-10,000); red blood count was 630,000 (normal being 3,000,000-5,000,000). Catherine was given a blood transfusion and there was some difficulty in getting the blood to flow; the needle had to be re-inserted and, as a last resource, the blood was milked into the vein. At the beginning of this procedure Catherine seemed quite frightened, but seeing that it was not hurting much, was reassured and submitted very well. Blood transfusions are the most rapid and successful means of restoring the blood to normal, and a second transfusion was given a few days later. By this time, her physical condition had improved and no resistance was offered. She had a reaction from this transfusion, beginning with a slight chill, followed by a rise in temperature, from 100.2 to 105.3. Aspirin and tepid sponging were ordered and, in four hours, the temperature was reduced; by the following morning, it was down to normal for the first time since admission. On November 17, the blood count showed haemoglobin 25% approximately; white blood count, 11,600; red blood count, 1,240,000. On No-

vember 23, the blood count showed haemoglobin to be 50%; white blood count 9,000; red blood count 2,500,000. The spleen was greatly enlarged, due to the great destruction of red blood cells, the spleen being the storehouse of destroyed cells. The skin, all over the body, was jaundiced, this being due to the presence of bile in the blood. Normally these bile pigments form the colouring matter in the faeces, but in this case the patient's urine showed a slight trace of bile.

Sulfathiazole was given every four hours to guard against staphylococcal infection. It was not tolerated well and was therefore discontinued. Neo-chemical food was given as a tonic. Rest, and cheerful surroundings, plenty of fresh air, sun-light and sleep, were essential for a speedy recovery. Catherine was given a warm cleansing bath each morning followed by an alcohol rub; her hands and face, arms and back were bathed each afternoon and at bedtime as a regular procedure. It was necessary to change the draw sheet and air the macintosh several times during the night because she perspired quite freely. Her pyjamas were changed, her back was rubbed with alcohol and massaged to give a soothing effect and relieve restlessness and sleeplessness. No sedatives were required. Extreme care was necessary to prevent periodic attacks of sore mouth. Frequent saline gargles were given and her mouth cleansed by using applicators and cotton together with mouth wash, used gently and regularly.

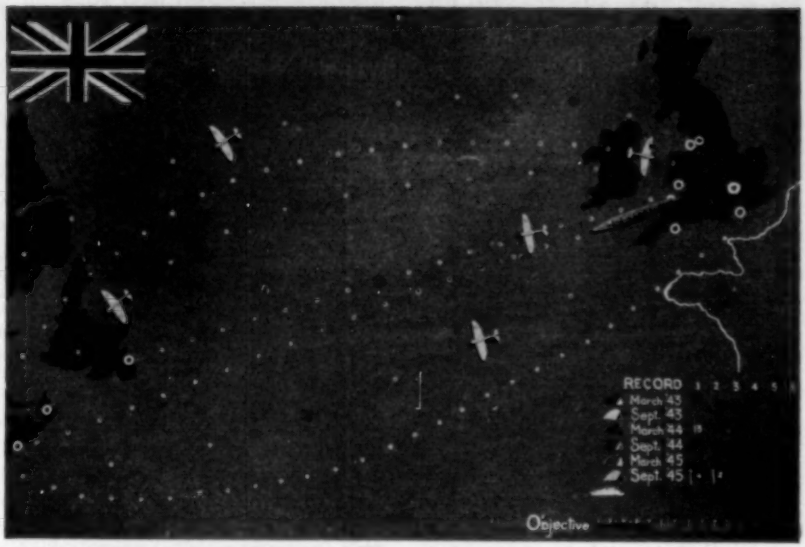
The diet for the first few days was liquid. Catherine seemed very thirsty, but it was difficult to get her to take any liquids except water and orange juice. She would not drink milk, but nourishing food was given in the form of eggnogs. The diet was changed to soft, and her appetite was good; she even complained of feeling hungry at times. Lunching between meals, and spoiling her appetite for her regular diet, was another bad habit of which she was broken.

When she began to regain her strength, passive and then active amusements were provided in the form of stories, cut-outs and jig-saw puzzles. Catherine proved to be a tidy child and showed that she had received good teaching in manners in her own home. At first she found it difficult to become accustomed to a regular routine and wanted to stay awake reading until late; but she was taught the importance of going to sleep at a regular time each night and thus getting sufficient rest to regain her strength. Gradually, she was taught regular toilet habits.

Catherine was discharged from the hospital and is still under the doctor's care. She must remain in bed for sometime and is allowed up only for a short while in the afternoon. Rest is an important factor until her condition is improved. The prognosis is very favourable, but constant checking of the blood will be necessary. Proper diet and regular health habits will play an important part in her recovery and recent inquiries have shown that she is making excellent progress.

What We Cannot Have

Evening gowns, dinner dresses, evening wraps and capes are prohibited from manufacture. But as most of us have to travel about in street cars and buses nowadays in the evening that will be no great loss. Negligees, hostess gowns, lounging pyjamas are also considered waste of good material and labour in wartime.



A War Saving Project by a Student Group

EVANGELINE PHILLIPS, B. A.

Student Nurse

School of Nursing, Hospital for Sick Children, Toronto

At the end of September the poster for our War Saving project for this winter, went up in the main hall of the residence. Since then, the plan has been working out so well and so many people have shown interest in it that we thought we might venture to send an account to *The Canadian Nurse*. The project is one of systematic wartime saving by the student nurses. The aim is to do all we can in this way to help win the war. A tea, a sale, an entertainment, or anything else to raise money always means a lot of responsibility and effort on the part of a minority. There are over a hundred of us in residence, and none with extra time, energy or money, but since we have been urged to buy War Saving Stamps, Certificates and Bonds, we decided that we could all buy one War Saving Stamp a month, which would mean a total of $25 a month, or three $50 War Bonds in six months.

Our poster is merely a picture of our progress and is always there to remind anyone who may have forgotten the month's stamp. On one side is the coast of Canada and on the other that of England. There are six classes in the school and each class has an "aeroplane." Each aeroplane has its own

course across the Atlantic marked by white-edged holes and, as there is a different number of students in each class, there is a corresponding number of holes on the poster. For identification, the tail on each plane is painted a different colour for each class and every stamp coming in moves it along one hole. When every member of a class has bought her stamp for the month, the aeroplane reaches the other side!

The stamps are collected in a wooden box made by the hospital carpenter. It is attached to the wall just underneath the poster and painted red and is divided, so that the stamp falls through a slot in the top of the box to a shelf. We open the box every night by a hinged lid, and count the day's stamps which are marked with a class date. The shelf can be taken out and the stamps of the day dropped onto the pile below, which is visible through a glass window. The box is equipped with a lock and key, so every one can be assured their savings are quite secure.

Sometimes a windfall comes our way in the shape of extra stamps and for that, there is a warship which moves across by twenty holes. A record of the number of days it takes each plane to make one Atlantic crossing is kept at one corner of the chart. The plane making the fastest crossing has its time recorded in white on a red flag; the next in white alone, the others in red. Our class will finish the course in March 1943, and our objective is to have all the aeroplanes and the warship across and back three times by the end of March.

The whole plan began as an experimental one. What will eventually be done with the bonds or certificates which are in the student nurses' treasury until victory is won has not yet been decided. The main thing is that the money is being directed where it is needed *now*. The plan has been successful so far, and the co-operation of the School will insure its continuance. After all, victory may be nearer than we think.

Ontario Public Health Nursing Service

Miss Irene Weirs (Wellesley Hospital, Toronto, and University of Toronto public health nursing course) has accepted a position with the Fort William Board of Health. For a number of years Miss Weirs has been with the Division of Nursing, Toronto Department of Health.

Miss Mary Younge, B.Sc. (University of Western Ontario), public health nurse at St. Mary's for two years, has been called for service with the R.C.A.M.C.

Miss Mary Thom, B.A. (University of Toronto School of Nursing Diploma Course), who has been with the Galt Board of Health, is going to Jamaica to assist with a project sponsored by the Rockefeller Foundation and the British Colonial Office.

The Voice of the People

If you hold your ear close to the ground, you can hear a muffled roar echoing around the whole world. It does not come from bombs, or thunder on the Russian front. It is the voice of the people demanding security and an end to the paradox of plenty. It is the revolt of the masses asking for the food which farmers let rot upon the ground or dump into the streams. This subterranean roar is the most powerful force

in the world today. Statesmen who listen to it will be upheld. Statesmen who shut their ears will be buried, no matter how lofty their sentiments about freedom and initative.—Stuart Chase, in *The Road We are Travelling.*

Book Reviews

Mental Health in College, by Clements C. Fry, M.D., Lecturer in Psychiatry and Mental Hygiene and Psychiatrist to the Department of University Health, Yale University; with the collaboration of Edna G. Rostow, Research Assistant in Psychiatry and Mental Hygiene, Division of College Psychiatry and Mental Hygiene, Yale University. 353 pages. Published by The Commonwealth Fund, 41 East 57th St., New York. Price in the United States $2.00.

In his foreword, the president of Yale University points out that psychiatric problems among students are so severe in individual cases that they cannot be ignored and that this is particularly true in times of emotional stress such as the present. The cases which Dr. Fry describes and analyzes are typical situations which may be found everywhere throughout the academic world. While all Dr. Fry's patients were men, their histories nevertheless shed considerable light on the problems that arise in schools of nursing. Superintendents of nurses often have to contend with domineering parents who, with the best intentions in the world, make the student nurse's life miserable. Sexual growth, behaviour and attitudes exercise a profound influence in the lives of the very young girls who are now enrolled in schools of nursing; their ignorance (and sometimes that of their instructors) sometimes leads to tragic results which might have been avoided. The effect of over-work and undue competition should be foreseen and guarded against. Loneliness and a sense of inferiority can sometimes be cured if guidance and encouragement are available at the right moment. Dr. Fry offers an interesting analysis of possible reasons for loss of interest and suggests the signs which indicate that a wrong choice of profession may have been made.

This book should be especially valuable to directors of nursing education, and supervisors of nursing service in all fields. It deserves a careful study by physicians who are in charge of the health of student nurses, especially those who can find no clue for troublesome symptoms.

Everyday Nursing for the Everyday Home, by Elinor E. Norlin and Bessie M. Donaldson. 296 pages. Illustrated. Published by The Macmillan Company of Canada, St. Martin's House, Toronto, Price $2.50.

The authors of this book are registered nurses who have had long experience in private duty, hospital, and public health nursing and for twenty years have taught home nursing in New York City high schools, for which they were appointed, by the City Board of Education, to prepare a syllabus. On this syllabus their book is largely based. The subject matter covers a much wider field than is indicated in the title. Part One deals with such topics as fundamental health principles, pre-natal and post-natal care; the care and feeding of infants; the pre-school child; and the needs and desires of the teen-age. There is a particularly good chapter on the care of the aged and some valuable information is given regarding the choice of a physician. Part Two describes various simple therapeutic measures and offers some suggestions for special devices and procedures which are useful in case of illness in the home. Nurses who are giving courses in home nursing will find this book very useful.

WANTED

An **Assistant Superintendent** is required for a 25-bed Hospital. A Registered Nurse, having operating room experience, with some knowledge of X-Ray Technique, is preferred. The salary is $95 per month, with full maintenance.

There are also two vacancies for **General Duty Nurses.** The salary is $70 per month, with full maintenance. Apply to:

Mrs. E. M. Wright, Superintendent, Brome-Missisquoi Perkins Hospital, Sweetsburg, Que.

WANTED

1. A well qualified and experienced **Obstetrical Supervisor** as Night Assistant for a 115-bed modern, well equipped Maternity Hospital. An experienced well qualified **Obstetrical Nurse** for day duty on the Delivery Floor is also required.

2. An experienced, well qualified **Operating Room Nurse.**

Apply, stating qualifications, to:

C. E. Brewster, Superintendent of Nurses, Hamilton General Hospital, Hamilton, Ont.

WANTED

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is $75 a month, with full maintenance.

Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, Royal Edward Laurentian Hospital (Ste. Agathe Division), Ste. Agathe des Monts, P.Q.

(Formerly — The Laurentian Sanatorium)

WANTED

Applications are invited from registered nurses for **General Duty** in a **Tuberculosis Sanatorium** of 700 beds. When writing please state previous experience, age, etc. Good salary, with full maintenance. **Excellent living** quarters. Address applications to:

Miss E. Ewart, Superintendent of Nurses, Mountain Sanatorium, Hamilton, Ont.

WANTED

A **Superintendent** is required for a 39-bed Hospital in **Southern Manitoba.** Applicants must be **Graduate Registered Nurses** with experience in administering ether anaesthesia. The salary offered is $100 per month with full maintenance. Apply, stating age, qualifications, and when available, to:

The Secretary, The Freemasons' Hospital, Morden, Manitoba.

WANTED

Applications are invited for the position of **Instructress** in the **Souris and Glenwood Memorial Hospital.** Maintenance is furnished. Duties to commence as soon as possible. Applicants should apply at once, stating qualifications and salary expected, to:

W. R. Bell, Secretary, Souris and Glenwood Memorial Hospital, Souris, Man.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers and resignations from the Victorian Order of Nurses for Canada:

Miss Vivian Buchanan, a graduate of the University of Toronto School of Nursing, has been appointed to the Border Cities staff.

Miss Allison Dilts, a graduate of Winnipeg General Hospital, has been appointed temporarily to the Winnipeg staff.

Miss Edythe Smith, a graduate of Toronto Western Hospital, has been appointed temporarily to the Guelph staff.

Miss Jessie Russell, a graduate of Toronto Western Hospital, has been appointed temporarily to the Brantford staff.

Miss Lois Skinner, a graduate of Kingston General Hospital, has been appointed temporarily to the Toronto staff.

Mrs. Scott (Marion McKellar) and *Mrs. Dixon* (Eleanor Hollinger), previously on the Toronto staff, have been reappointed.

Mrs. Taylor (Marie Lutwick), previously on the Montreal staff, has been reappointed.

Miss Margaret McKinnon, a graduate of Glace Bay General Hospital, has been appointed temporarily to the Montreal staff.

Miss Martha Twiddy has been appointed nurse-in-charge of the Westbank Branch.

Miss Evelyn Watton has resigned from the Liverpool staff to be married.

Miss Mary Dampier has resigned from the Montreal staff to take up other work.

Miss Eva Bates has been granted leave of absence from the Montreal Branch.

Miss Florence Greenaway, having completed the course in public health supervision at McGill School for Graduate Nurses, has been appointed nurse-in-charge of the Saint John, N. B. Branch.

Miss Jane Heysel, a graduate of St. Joseph's Hospital, Hamilton, and *Miss Vera Clarke*, a graduate of Nicholls Hospital, Peterborough, have been appointed temporarily to the Hamilton staff.

Miss Marion Whebby, a graduate of Victoria General Hospital, Halifax, has been temporarily appointed to the Halifax staff.

Miss Vivian Adair, a graduate of Ottawa Civic Hospital, has been temporarily appointed to the Ottawa staff.

Mrs. Jessie Russell, a graduate of Grace Hospital, Toronto, and *Miss Eileen Balne*, a graduate of Brantford General Hospital, have been appointed temporarily to the Brantford staff.

Miss Alice McGee, a graduate of Oshawa General Hospital, has been appointed temporarily to the Timmins staff.

Miss Jean Williams has been transferred from the Toronto staff as nurse-in-charge of the Cobalt Branch.

Miss Ada Burns has resigned as nurse-in-charge of the Saint John, N.B. Branch and has retired from the Victorian Order of Nurses for Canada.

Miss Harriet Brown has resigned from the Toronto staff to take a position in a hospital.

Miss Margaret Stone has resigned from the Vancouver staff to enter the R.C.A.M.C. Nursing Service.

Mrs. J. N. Mitchell has been granted a six months' leave of absence as nurse-in-charge of the Brantford Branch.

Obituaries

Marthe Chagnon Vadenais died recently. Mrs. Vadenais graduated from the School of Nursing of the Rhode Island Hospital, Providence, R. I. in 1913 and later took the course in Public Health Nursing offered by the School for Graduate Nurses, McGill University. She served as a member of the nursing staff of Military Hospital No. 17 at St. Cloud and Le Havre in the war of 1914-1918, and received decorations, including a French medal for devotion to duty in the prevention of epidemic diseases.

BARBADOS GENERAL HOSPITAL
WANTED — A RADIOGRAPHER SISTER

A whole-time Radiographer Sister (single) is needed to take charge of X-Ray Therapy Department, working under a qualified Radiologist. The successful applicant will be expected to assume duty on or as soon as possible after September 1, 1943.

Salary £250 (two hundred and fifty pounds) per annum with uniform allowance. No other allowances, quarters or private practice.

The appointment, which is renewable, is for 3 years, subject to 3 months' notice on either side to terminate the engagement.

First class passage direct to Barbados will be paid by the Hospital for the full term of service, a proportionate part to be refunded in case of service for a shorter period. Return passage will be paid upon the satisfactory completion of contract, or on resignation on a medical certificate of ill health due to service.

Application forms and other particulars may be obtained from the Executive Secretary of the Canadian Nurses Association, 1411 Crescent Street, Montreal. Applications on the forms provided, accompanied by the documents asked for therein, photographs, and recent testimonials, should be forwarded, by **air mail**, to:

The Secretary,
General Hospital,
Barbados, B.W.I.

BARBADOS GENERAL HOSPITAL
WANTED — A SISTER TUTOR AND HOME SISTER

Applications for the position of a Sister Tutor and Home Sister are invited by the Barbados General Hospital. The salary is £200 to £225 per annum by annual increments of £5, with furnished quarters, free water, and allowances for light, uniform, and a servant. Board is not provided. The appointment is for 3 years, subject to 3 months' notice on either side to terminate the engagement.

First class passage direct to Barbados will be paid by the Hospital for a full term of service, a proportionate part to be refunded in case of service for a shorter period except on resignation on a medical certificate of ill health. Return passage will be paid on satisfactory completion of contract, or on resignation on a medical certificate of ill health due to service.

Applicants must be general trained State Registered Nurses, unmarried or widows without encumbrances, and must have held the post of Sister Tutor in some recognized Hospital or must submit satisfactory credentials of capabilities as a Sister Tutor.

Application forms and further particulars may be obtained from the Executive Secretary of the Canadian Nurses Association, 1411 Crescent Street, Montreal. Applications on the forms provided, accompanied by the documents asked for therein, photographs, and recent testimonials, should be forwarded, by **air mail**, to:

The Secretary,
General Hospital,
Barbados, B.W.I.

NEWS NOTES

ALBERTA

CALGARY:

The following touching and sincere tribute to the memory of a beloved Superintendent is offered on behalf of the Alumnae Association of the Calgary General Hospital:

Death recently claimed one of the outstanding nursing figures of Western Canada. At the Calgary General Hospital Sara Macdonald rendered constant service — her great life effort — quietly and efficiently training nurses. She belonged to her nurses and they belonged to her and only those who passed through her able and sympathetic hands can place the true value upon the work of the superintendent of their training days. Miss Macdonald was endowed with an exceptional memory which kept all her nurses very near — as they were dear — to her. When she proudly organized the Alumnae Association in 1936 her assistance was such that within one year all but fifty of the then six hundred and fourteen graduates had been located. The memory of a gracious, dignified and thoroughly devoted superintendent whose help and personal interest lifted her nurses through their undergraduate days and never forgot them thereafter, remains with us. In 1941 there came superannuation, and the long term of service came to an end, but it was not to be for long, that well earned leisure was to be her portion. Sara Macdonald has gone to her rest, but her influence flows in a broad stream in the characters of many of the graduates of Calgary General Hospital serving in similar institutions far and near. The stuff of which she was made is the sustenance of the profession of nursing everywhere. The West may well mourn her passing and hope that her career may be an inspiration to others who may also be found ready to live a life of quiet devotion to duty and to be content therewith.

BRITISH COLUMBIA

The Alumnae Association of the Vancouver General Hospital recently held a white elephant auction sale, convened by Mrs. Logan M. Findlay, assisted by her committee. Enjoyment of the occasion was evident by the large attendance. The net proceeds were $161, bringing the total of the V.G.H. British Nurses Relief Fund to over $800 during 1942.

MANITOBA

A meeting of the Brandon Graduate Nurses Association was held recently with 43 present. The president, Mrs. S. Perdue, presided and the General Hospital Group were in charge of the evening's program. Mrs. M. E. Burn reported on the scholarship committee for post-graduate courses and plans are being made to raise funds for this purpose. The Association voted $10 to the Russian Relief Fund and the Private Duty Section reported that the same amount had been donated by them. Mrs. D. L. Johnson reported 61 paid-up members. Mr. Gerald Ould, recently back from overseas, gave a most stimulating address entitled "A Salute to Britain". A pleasant social hour followed.

Elizabeth Crighton has joined her sister, Agnes Crighton, who is taking a post-graduate course at the McGill School for Graduate Nurses.

Myrtle Green and Florence Downey have enrolled in the Acceleration Course for nurses now being given in Winnipeg over a four-month period from February to May inclusive.

ST. BONIFACE:

At the annual meeting of the Alumnae Association of St. Boniface Hospital the following officers were elected for the coming year: honourary president, Rev. Sister A. Boisvert, superior, St. Boniface Hospital; honourary vice-president, Mrs. A. Crosby; president, Miss S. Wright; first vice-president, Letta Beatty; second vice-president, Mrs. W. G. Montgomery; recording secretary, Mrs. H. Little; corresponding secretary, Miss L. Vandecar; treasurer, Miss J. Aubin; archivist, Mrs. R. Chalke; advisory committee: Rev. Sister Superior, Teresa Greville, A. Laporte, Mmes A. L'Ecuyer, L. Groelle; committee conveners: visiting, Miss I. Troendle; social and program, Miss M. Rungay; membership, Miss C. DePape; representative to *The Canadian Nurse*, Mrs. M. Gendall.

Miss Keller is the instructress of a post-graduate class of nurses in surgery and obstetrics. Letta Beatty is supervising the class at St. Boniface Hospital in surgery. Miss Jacque, who has been on the staff in the operating room at St. Boniface Hospital, has left to join the Nursing Service of the R. C. A. F. Ethel Morten, who has been on the staff in St. Boniface Hospital, has joined the Nursing Service of the R.C.A.M.C.

Winnipeg General Hospital:

The following appointments have recently been made: A. Shaw, as visiting nurse with the Winnipeg Clinic; Joan Fairs, to the Winnipeg Clinic; Mrs. Ward (Frances McLeod), as receptionist with the Winnipeg Clinic; I. Sorbo, as superintendent of the

Psychopathic Hospital; Mrs. Scott (Pearl Adams), as night supervisor of the Psychopathic Hospital; Margaret Mitchell, to the staff of the Psychopathic Hospital.

NOVA SCOTIA

A regular meeting of the Valley Branch, R.N.A.N.S. was held recently at the Eastern King's Memorial Hospital, Wolfville. An interesting talk was given by Mr. W. D. Withron, barrister, on the liability of nurses.

Miss Cynthia Horswell has resigned her position as staff nurse at the B.F.M. Hospital in Kentville.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 1

CHATHAM:

The Public General Hospital Alumnae Association met recently to elect officers for the new year. Under the direction of Miss Lillian Hastings, retiring president, the Association has just concluded a most successful year, as shown by the reports, and to the retiring officers, Miss Priscilla Campbell, the superintendent, tendered a vote of appreciation. A donation of $50 was made to the British Nurses Relief Fund; $25 was given to the hospital for the upkeep of the Alumnae room; $25 was donated to the Khaki Club; $10 to the V.O.N., and the sum of $100 was set aside as the nucleus of a loan fund for members desiring to further their nursing education.

The Association has 116 active members and one honourary member and meets every Tuesday evening to sew and knit for the Red Cross.

Officers elected for the coming year are as follows: honourary president, Miss Priscilla Campbell; president, Miss Ruth Hales; first vice-president, Miss Deby Hooper; second vice-president, Miss Anne Bell; recording secretary, Miss Dorothy Thomas; corresponding secretary, Miss Margaret Gilbert; assistant secretary, Miss Katherine Burgess; treasurer, Miss Jean Rickard; social committee: Miss Luella Smith, Miss Helen McClure; press correspondent, Miss Jean Hobbs; shopping committee: Mrs. Herbert Goldrick, Mrs. Fred Renouf, Mrs. Stewart McConn; correspondent to *The Canadian Nurse*, Mrs. D. Nicholls; convener of refreshments committee, Mrs. Mac Smith; councillors: Miss Lila Baird, Miss Annie Head, Miss Viola Dyer, Miss Minnie McNaughton.

PETROLIA:

Under the auspices of the publicity committee of the R.N.A.O. Mrs. Lillian Savage-Heard recently addressed the students of the Petrolia High School, and told them why Ontario needs more nurses. She pointed out the advantages of entering a good school of nursing to 60 of the senior girls. For the past 7 months Mrs. Heard has been a member of the staff of the Charlotte Eleanor Englehart Hospital, and will shortly take a post-graduate course in laboratory work at St. Joseph's Hospital, London.

Districts 2 and 3

The regular winter meeting of Districts 2 and 3 has been omitted this year owing to the large area covered by this district and difficulty of travel. The next meeting will be held early in May in Kitchener, when a large number of nurses are expected to attend. The exact date will be announced in a later issue of the *Journal*.

Mrs. K. Cowie, president, presided at the January meeting of the Kitchener and Waterloo Chapter, R.N.A.O. The speakers were Miss Florence Weicker and Mrs. Kathleen Snider, two of our local industrial nurses. They gave interesting highlights of the recent refresher course for industrial nurses held in Toronto. A varied program has been planned for this group, and all nurses in the Twin Cities are invited to attend, either as members or guests. Meetings are held at 8 p.m. fourth Tuesday of each month in the Court Room, City Hall, Kitchener.

GUELPH:

The following appointments have recently been made to the staff of the Guelph General Hospital: Miss Mary E. Lyons, who until recently was superintendent of the Presbyterian Mission Hospital at Weirdale, Saskatchewan, as night superintendent; Miss Evelyn Sutherland as supervisor; Miss Merle McFee as supervisor; Miss P. Gordon as laboratory technician.

Miss Helen Standing and Miss Evelyn Lunan are taking post-graduate courses in laboratory and x-ray in Toronto. Miss Dorothy Monteith is taking a post-graduate course in surgery at the Post-Graduate Hospital in New York.

The following nurses are serving with the fighting forces in various military districts: Marguerite Hewett, Kathleen Laird, Evelyn Zummach, Jean Black, Helen Hall, Marguerite Singer, Madeline Orr, Nora Kenney, Mary Upward, Florence Pfobl, Isabel Pringle, and Elizabeth Hughes. The Alumnae Association presented each of these nurses with a compact or identification disc bearing the school crest.

District 4

Hamilton:

The Alumnae Association of the Hamilton General Hospital School of Nursing has held four quarterly meetings and five executive meetings in the past year. In December, Miss Buckbee displayed a food parcel as sent by the Canadian Red Cross to prisoners of war each week, and explained how the parcels were distributed by the International Red Cross. Miss Coles displayed a ditty bag, as given to every rating in the navy when he leaves Hamilton. Mrs. Barlow explained the work of the Active Service Canteen. In January, 81 members were present at St. Peter's Infirmary for a Quiz Program. At the April meeting, 64 members were present. Mr. Sydney Oliver and Mr. Partington, A.R.P. wardens, who were on duty during the "blitz" in Conventry, gave a vivid account of their experiences. The graduating class was entertained at a picnic. The conveners of this successful affair were Misses I. Deith and E. Pettit. The October meeting was attended by 72 members. Dr. Neimeier gave a very interesting illustrated talk on post-operative care of hernia.

The delegates to the R.N.A.O. Convention in Windsor were Misses H. McCulloch and E. Ferguson, who gave a report at the April meeting. The delegate to the C.N.A. General Meeting in Montreal was Mrs. H. F. Roy, who gave a report at the October meeting.

Miss E. Bingeman was appointed convener of the British Nurses Relief Fund for the Alumnae Association. A collection taken at the January meeting supplied mite boxes which were distributed with a suggested donation of 25 cents a month from each member. A total of $346.40 has been collected to date. It was decided at the April meeting that the annual dinner for the graduating class be dispensed with for the duration, and that the money allowed in the budget for entertainment be given to the British Nurses Relief Fund as a gift from the graduating class.

The paid-up membership numbers 430.

The officers elected for 1943 are as follows: honourary president, Miss C. E. Brewster; president, Miss M. Watson; first vice-president, Miss M. Watt; second vice-president, Miss A. Learmont; recording secretary, Mrs. H. F. Roy; assistant recording secretary, Miss I. McCutcheon; corresponding secretary, Miss E. Ferguson; treasurer, Mrs. W. N. Paterson; assistant treasurer, Miss S. Wallace; secretary-treasurer, M.B.A., Miss J. M. Harrison; executive committee: Miss E. Bingeman (convener), Misses C. Inrig, H. Alderson, G. Hall; pro-

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gram committee: Mrs. M. Thomas (convener), Misses E. Pettit, K. Smith, A. Hastings, N. Gowland; flower and visiting committee: Miss J. Alkenbrach (convener), Misses A. Scott, M. Farmer, J. McBride; budget committee: Mrs. H. F. Roy (convener), Mrs. W. N. Paterson, Misses S. Wallace, N. Coles; membership committee: Miss I. Buscombe (convener), Misses M. Kennedy, M. Irving, C. Lelue, H. Faskin; publications committee: Miss M. Farmer; representatives to: R.N.A.O., Miss C. Inrig; Local Council of Women and Women's Auxiliary, Mrs. John Stephen.

ST. CATHARINES:

During the latter part of 1942, St. Catharines lost an outstanding nurse in the person of Miss Louise Riggins. She was a niece of Miss Mary Agnes Snively, whose example led her into the nursing profession. Miss Riggins, who was a graduate of Buffalo General Hospital, did private duty, and initiated Metropolitan Insurance nursing in St. Catharines before becoming the city's first school nurse in 1917. Her sympathetic understanding, and her unassuming readiness to be of help in whatever way she was needed, will make her long and gratefully remembered in her native city.

DISTRICT 5

TORONTO:

The annual meeting of the Public Health Nurses Association, Department of Public Health, Toronto, took place recently. Clara Vale, the retiring president, briefly reviewed the year's activities and thanked the members of the executive for their co-operation. Miss Gordon Lovell moved a vote of thanks to Miss Vale for her excellent leadership. Approximately $103 and over 600 articles of clothing have been contributed by the public health nurses to the Russian Relief Fund. The Association accepted with regret the resignation of Edith Cale and her assistant, Marjorie Larkin, as editors of "Stepping Stones". The guest speaker was Frances MacKay who is travelling across Canada on a Swift Foundation Fellowship in applied nutrition.

Edna Clancy, retiring vice-president, welcomed the new president, Florence Conlin. The following officers were elected for the forthcoming year: president, Florence Conlin; vice-president, Alice Thompson; recording secretary, Louise Curtis; corresponding secretary, Dorothy Hare; treasurer, Margaret Smith; committee conveners: social, Jewel Killorin; education, Ruth Kent; publicity, Marie McEnaney; ways & means, Margaret Sherman; councillors: Olive Secord, Clara Vale.

St. John's Hospital:

The annual meeting of St. John's Hospital Alumnae Association was held recently at St. John's Convalescent Hospital. The evening opened with dinner, an enjoyable event at which the Hospital Sisters were present. A tour of the hospital was made, with Sister Beatrice as guide who later talked on the work with convalescents.

The business meeting, with Miss Marion Martin in the chair, revealed that $47 had been sent to the British Nurses Relief Fund, $20 to the Red Cross, and 165 garments had been donated to the Armed Forces. Boxes have been sent to all members on active service and letters were read from all. Miss Cowieson and Miss Molyneaux are still in England, Miss Frost is in South Africa, and Misses Chalmers, McKenzie and Brown are in Canada.

Interschool Student Nurses Association of Toronto:

Lieut.-Col. E. L. Smellie, Matron-in-Chief, R.C.A.M.C., broke away from her busy life in Ottawa to address the Interschool Student Nurses Association of Toronto at their annual meeting in Convocation Hall. Miss Smellie, in a heart to heart talk with the nurses, stressed the responsibility and the opportunity for service in peacetime as well as in wartime. A reception was held following the meeting at the University School of Nursing.

COLLINGWOOD:

Miss Jean Bernice Myles, a graduate of the School of Nursing of the General and Marine Hospital, Collingwood, has resigned her position as superintendent of the Timmins Branch of the Victorian Order of Nurses. Miss Myles is to be married early in February.

DISTRICT 7

At the annual meeting of the Brockville Chapter, District 7, R.N.A.O. the following officers were elected: president, Miss K. Walsh; vice-president, Miss R. Sheffield; secretary-treasurer, Miss M. Gardner; program committee: Misses Waldon, Gilpin, Wynn; press representative, Miss H. Corbett. Collection for the British Nurses Relief Fund amounted to $92.30. The opening of a Central Registry was discussed and two very interesting papers were presented: "The Kenny treatment for infantile paralysis" by Miss Preston, and "The invention of the x-ray", by Miss Earle.

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EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on May 19, 20, and 21, 1943, at Halifax, Yarmouth, Amherst, Sydney, and Antigonish. Requests for application forms should be made at once and forms MUST BE returned to the Registrar by April 19, 1943, together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of Nursing.

JEAN C. DUNNING, R.N., Registrar
The Registered Nurses Association of Nova Scotia
413 Dennis Building, Halifax, N.S.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Spring examinations for the title and certificate of Registered Nurse in the Province of Quebec will be held on **April 26, 27, and 28, 1943,** in Montreal and elsewhere.

Applications will be received up to **March 31 *only.***

Application forms and full particulars may be obtained from:

E. Frances Upton, R.N., Registrar
1019 Medical Arts Building
1538 Sherbrooke St. West, Montreal, P.Q.

The Kingston Chapter has been active. Mrs. Harry Smith gave an inspiring talk on India, narrating her experience as Sister Tutor in five Mission hospitals. The Instructors Group and the Local Chapter combined for the January meeting, which was held at the Kingston General Hospital when an interesting demonstration in blood transfusion was given by the operating-room staff.

The student nurses of Hôtel-Dieu Hospital were hostesses to the members of the Newman Club at a delightful sleighing party.

The preliminary student nurses-in-training at the Ontario Hospital received their caps at a ceremony conducted by Freda Mills, senior class president. The guest speaker was Miss B. Fry, district school nurse, whose address was both inspirational and instructive. The students were "capped" by Miss Pearl Gavan, superintendent of nurses, and the traditional custom of handing down the light was observed when Miss Smith lighted a candle for each student.

Miss E. Gibson, president of Perth Chapter, reports that, due to the shortage of nurses, there have been few meetings and Miss Amy Church of Smiths Falls reports that due to shortage of nurses and difficulty in transportation, no meetings have been held. However, in compliance with government regulations a hospital unit was formed and, at the time of the Almonte train wreck, five nurses were dispatched with all possible speed to the scene of disaster. The hospital immediately prepared for an influx of patients and all felt they could carry on more efficiently should another emergency arise

KINGSTON:

At the annual meeting of the Alumnae Association of the Kingston General Hospital, which was held recently, the following officers were elected to serve during the coming months: honourary president, Miss L. D. Acton; president, Mrs. F. W. Atack; first vice-president, Miss Haunts; secretary-treasurer, Mrs. C. W. Mallory.

All the committees reported a very successful and busy year. Letters of appreciation were read from overseas nursing members to whom 24 Christmas boxes of candy were sent.

District 8

Ottawa:

The following officers were recently elected by the Alumnae Association of St. Luke's General Hospital to serve during the coming year: honourary president, Miss E. Maxwell, O.B.E.; president, Mrs. J. R. Pritchard; vice-president, Mrs. G. Mothersill; secretary, Mrs. Ruby Brown; treasurer, Mrs. J. W. Shore; committees: flowers: Miss N. Lewis, Miss L. Craig; representatives to: central registry: Miss P. Heron, Miss D. Brown; Local Council of Women, Mrs. Stewart.

The annual report of the Alumnae Association revealed the following: The annual dinner in honour of Miss Maxwell was well attended, the guest speaker being Dr. Lloyd P. MacHaffie. Forty-four dollars was raised at a bridge held at Mrs. Hall's home, and $101 was realized at a successful tea held at the home of Mrs. Ruijs. A rummage sale raised $52, and $160 was voted for the British Nurses Relief Fund. Under the convenership of Mrs. Jones, we have made 50,000 sponges and dressings for the Red Cross. Our retiring president, Mrs. Johnston gave a delightful tea.

Ottawa Civic Hospital:

Ruth Flieger, Marjorie McArthur, and Margaret Callbeck have joined the Nursing Service of the Royal Canadian Navy.

The following appointments have recently been made: Catherine Little, a graduate of the Royal Infirmary, Edinburgh, Scotland, as supervisor of Third Floor East; Helen Miller, as head nurse in the out-patient department; Beatrice Blair is now working in the x-ray department. Vivian Adair has resigned as secretary in the Training School Office and has undertaken public health work. Dorothy Clark succeeds her.

QUEBEC

Montreal General Hospital:

Marion Dewar, who has been in charge of the industrial nursing service of the T. Eaton Co., Montreal, for 27 years, has resigned and is taking a well deserved rest. Miss M. Atkinson, who has been on the staff, succeeds Miss Dewar and Barbara Broadhurst takes her place.

The Mobile Canteen Committee realized $250. at their recent sale of fancy aprons. This sum was further augmented by $150, the proceeds of a bridge given by the graduate nursing staff of the Central Division.

Elizabeth Beaugrand has joined the R.C.A.F. Nursing Service. Mildred Broadhurst is doing industrial nursing with the

RSP 1929

TESTED NURSING TEXTBOOKS

PROFESSIONAL ADJUSTMENTS 1

By Lena Dixon Dietz. The major problems of adjustment met by the beginning student nurse are here discussed helpfully and guide posts to their solution given. $3.10.

PROFESSIONAL ADJUSTMENTS 11

By Lena Dixon Dietz. A guide for the senior student on professional problems after graduation, covering nursing fields open, legal pitfalls, technique of collecting material, etc. $3.10.

PROFESSIONAL PROBLEMS OF NURSES

By Lena Dixon Dietz. A proved book for both senior student and registered nurse. Part 1, a valuable nursing survey of opportunities in the field. Part 11, professional problems. Third edition. $2.50.

RYERSON

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Miss E. G. Graham, Grenfell Labrador Medical Mission, 48 Sparks St., Ottawa, Ont.

DOSAGE AND SOLUTIONS

By C. E. Garnsey. New (4th) Edition revised by Hulda L. Gunther, B.S., R.N. 190 pages. $1.75.
Throughout this New Edition, the spelling has been modernized and there is added a particularly fine new chapter on Poisons and Antidotes. A large number of new drugs has been included, among these of course the Sulfonamides. Both the Metric and Apothecary systems are a welcome addition and are used throughout. Every procedure concerned with the handling of powerful drugs and the making up of poisonous antiseptic solutions has been so simplified that the nurse fully understands how to handle these drugs and prepare various antiseptic solutions with safety.

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R.C.A. Victor Company. Kathleen Cameron has been appointed to the night staff of the Central Division. Bernice Lagere is on the staff of the Central Division. Ann Rideout, Daphne Moore, Mary Flemming, Edith Gayler, Hazel Dow and Miriam M. McLeod are all doing general duty at the Western Division.

Royal Victoria Hospital:

Margaret Holder (1942) is with the V.O.N. in Liverpool, N. S. Margaret Reid and Ruth Gouinlock have joined the Nursing Service of the Royal Canadian Navy, and Nancy Dunlop and Marguerite Armstrong have joined the R.C.A.M.C. Nursing Service. Nursing Sister Chrissie Campbell, who has been overseas with No. 14 Canadian General Hospital, has returned to Montreal.

Recent appointments include Naisi Gordon, assistant head nurse in Ward J, Edna Harnish, assistant night supervisor, Ross Pavilion, and Kathleen Gallagher, assistant head nurse, third floor, Ross Pavilion.

Homoeopathic Hospital:

A bridge party, sponsored by the Alumnae Association of the Homoeopathic Hospital of Montreal in aid of Canadan War Charities, was held recently.

Miss Mildred Rorison is engaged in industrial nursing in a large manufacturing plant in Montreal.

McGill School for Graduate Nurses:

May E. Reid (T. & S., 1939) has resigned from the staff of the Vancouver General Hospital and is now serving with the R.C.A.M.C. Nursing Service.

QUEBEC CITY:

Jeffery Hale's Hospital:

The following have been elected as officers of the Alumnae Association for the year 1943: president, Mrs. A. W. G. Macalister; first vice-president, Mrs. Lennox Teakle; second vice-president, Miss Gladys Weary; secretary, Miss M. G. Fischer; treasurer, Mrs. W. D. Fleming; councillors: Misses M. E. Lunam, E. Douglas, D. Ross, Mmes W. M. Pfeiffer, T. H. Buttimore; committees; visiting: Mrs. H. M. Raphael, Misses E. Douglas, F. O'Connell, J. Warren; refreshments: Misses G. Kertson, M. Jones, M. Dawson, J. Warren; program: Misses M. E. Lunam, E. Douglas, Mmes L. Teakle, C. A. Young; service fund: Misses F. L. Imrie, E. Walsh, Mmes A. MacDonald, S. B. Baptist, P. Rolleston, E. Seale; war work: Mmes J. Cormack, B. Vermette, J.

Hatch, C. Thorn, T. H. Buttimore, Misses E. Ford, M. Dawson; representatives to: private duty section: Misses E. Walsh, M. Jack; *The Canadian Nurse*, Miss N. Humphries.

The following are some of the highlights of the recent annual meeting: During the year 1942, we sent $125 to the British Nurses Relief Fund, making a sum total to date of $400. Our School is proud that 21 of her graduates are on active service—six in South Africa, six in England, and nine still in Canada. They are in all three Services—Army, Navy and Air Force.

A refresher course was given recently under the auspices of the Association for which 70 nurses enrolled, including graduates from schools in Canada, United States, and two from Britain.

Mrs. Lennox Teakle has been appointed supervisor of the Sick Employees of the Arsenal, Valcartier, P. Q.

NEWFOUNDLAND

The Grace Hospital in St. John's is keeping abreast of the times and recently acquired a new x-ray and diathermy machine. The top floor has been completely transformed and now has nurses' stations with new type chart desks and inset medicine cupboards. Not the least of the improvements is the installation of an elevator for visitors; a smartly uniformed girl escorts them to the floor desired. The nursery has recently been enlarged and a new premature nursery adjoins it. Great credit must be given to Brigadier Jennie Fagner, who has seen the Hospital grow from one small building to its present beautiful edifice and new nurses' home. She has just completed her eighteenth year of service, and the Hospital is a monument to her name.

The Grace Alumnae Association has recently published the first edition of a monthly paper known as "The Link", giving a review of Alumnae activities. The graduates are scattered far and near in our own outposts, Cottage Hospitals, Canada, United States, and even as far as India, and this paper will surely serve as a link.

Miss Mabel Smith of the General Hospital is taking post-graduate work at the Montreal General Hospital, prior to taking up duties as director of nurses. Miss Mona Smith, instructress of nurses, has left to join the Victorian Order of Nurses for Canada.

The School of Nursing of St. Clare's Mercy Hospital recently held its first public graduation ceremony. Rev. Mother Aloysius and Rev. Sister Stanislaus are to be congratulated on the foresight and enthusiasm which are surely an inspiration to their nursing staff.

A time- proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 years of ever-increasing use speak highly for their effectiveness.

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In the course of our lawful occasions . . . we recently made a brief visit to New York . . . Learning from a previous experience . . . we travelled light . . . and proceeded by subway to our hotel without benefit of red cap or taxi . . . We finally got possession of the only empty cubbyhole remaining . . . and buckled down to work . . . In the interval between crowded sessions . . . we sallied forth for a breath of air . . . and as always were entranced by this amazing city . . . There is nothing quite like it anywhere else on earth . . . we stood at the base of the statue of Atlas, balancing the world on his shoulders, and looked up at the soaring cliff of Rockefeller Centre towering above him . . . we watched a line of covered army lorries driving at full speed along a cross-town street towards the docks . . . and listened in the night to the melancholy roar of a great ship outward bound . . . Yet it was not the impact of sheer mass and power that we brought away with us . . . but rather something far less tangible . . . On Fifth Avenue there was a shop window . . . through which we saw nothing at all but things made of glass . . . goblets as airy as a bubble . . . lustres dangling like icicles, giving off all the colours of the rainbow . . . delicate dancing figures as light as a feather . . . crystal lamps that were bowls filled with flame . . . Somehow they seemed so unreal that they might all vanish in a moment . . . so fragile that a puff of wind might shatter them in pieces . . . and we were still thinking of the strange sense of unreality they gave us . . . as we made our way to the midnight train for Montreal . . . The concourse of the Grand Central Station was hushed and almost empty . . . but from the balcony there came a click of billiard balls . . . They have a Service Men's Lounge up there . . . and the lads who are waiting for troop trains can read and play games instead of drearily sitting on hard benches . . . One of them put on a phonograph record of a church choir . . . singing "Oh! come all ye faithful" . . . and the line of tired passengers waiting for the platform gates to open joined softly in the chorus . . . we never thought anything like that could happen in New York . . . but it did . . . The next morning at crack of dawn . . . our train crossed the bridge over the St. Lawrence River . . . On one horizon was the blazing disc of the rising sun . . . on the other, the setting moon . . . It was as though we hung suspended in mid-air . . . between the icy river and the silvery sky . . . east of the sun and west of the moon . . . All of a sudden, we began to feel just as we did when we looked into that window on Fifth Avenue . . . and heard the Adeste Fidelis in the Grand Central Station . . . —*E. J.*

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven Connecticut, U.S.A.

THE CANADIAN NURSES ASSOCIATION

President .....Miss Marion Lindeburgh, 3466 University St., Montreal, P. Q.
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First Vice-President .....Miss Marjorie Buck, Norfolk General Hospital, Simcoe, Ont.
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Honourary Treasurer .....Miss Marjorie Jenkins, Children's Hospital, Halifax, N.S.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: *(1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

(1) Miss Rae Chittick, 815-18th Ave., W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Jean S. Clark, City Hall, Calgary; (4) Miss Gertrude M. B. Thorne, 332-21st Ave. W., Calgary.

British Columbia: (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

Manitoba: (1) Mrs. A. C. McFetridge, 418 Campbell St., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss E. Rowlett, 759 Broadway, Winnipeg; (4) Mrs. M. Reynolds, 20 Biltmore Apts., Winnipeg.

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Nova Scotia: (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

Ontario: (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

Prince Edward Island: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown; (3) Miss Mary Leslie, Montague; (4) Miss Eileen McGough, 152½ St. George St., Charlottetown.

Quebec: (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; (3) Miss Kathleen Dickson, Royal Edward Institute, Montreal; (4) Miss Anne-Marie Robert, 4085 St. Hubert St., Montreal.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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Chairman, Miss Moira Foster; Vice-Chairman, Miss Estelle Harle; Secretary-Treasurer, Miss Nessa Leckie, Provincial Mental Hospital; *Convener, British Nurses Relief Fund*, Miss Karen Westerlund; *Representative* to *The Canadian Nurse*, Miss Olive Websdale.

Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections: Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec.-Treas. Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crockford; *Representatives* to: *Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V Leadlay; *Committee Conveners*: *Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps.* to: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

Lethbridge District, No. 8, Alberta Association of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

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New Westminster Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Miss C. E. Clark; Pres., Mrs. A. Way; First Vice-Pres., Miss E. Scott Grey; Sec. Vice-Pres., Miss A. MacPhail; Sec., Miss E. Beatt, 243 Keary St.; Treas., Mrs. T. Jones; Assist. Sec. & Treas., Miss B. Smith.

Vancouver Island District

Victoria Chapter, Registered Nurses Association of British Columbia

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West Kootenay District

Nelson Chapter, Registered Nurses Association of British Columbia

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Trail Chapter, Registered Nurses Association of British Columbia

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Rossland Chapter, Registered Nurses Association of British Columbia

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Okanagan District

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Greater Vancouver District

Vancouver Chapter, Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

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ONTARIO

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Chairman, Miss M. Crawford; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, Hanna, E. Moffatt, Gavan, Rev. Sr. Donovan; *Conveners: Hospital & School of Nursing*, Miss L. Acton; *General*

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District 10

Chairman, Miss M. Flanagan; Vice-Chairman, Miss W. Ballantyne; Sec.-Treas., Miss Jessie Young, General Hospital, Port Arthur; *Conveners*: *Public Health*, Miss M. Bliss; *General Nursing*, Miss B. Brown; *Hospital & School of Nursing*, Miss I. Misener; *Program*, Miss J. Hogarth; *Councillors*: Misses M. Buss, O. Waterman, E. McKinnon.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, Charlottetown Hospital; Sec., Miss Anna Mair., P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital: *Chairmen of Sections*: *Hospital & School of Nursing*, Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown; *General Nursing*, Miss Eileen McGough, 152½ St. George St., Charlottetown; *Public Health*, Miss Mary Leslie, Montague.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rev. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Mlles Maria Roy, Maria Beaumier, Annonciade Martineau; *Advisory Board*: Misses Jean Wilson, Marion Lindeburgh, Catherine M. Ferguson, Esther M. Beith, Rév. Soeur Marie de l'Eucharistie (Québec), Miles Edna Lynch, Juliette Trudel; *Conveners of Sections*: *General Nursing* (English), Miss Effie Killins, 420 Prince Arthur St. W., Apt. 11, Montreal; *General Nursing* (French), Mlle Anne-Marie Robert, 4085 St. Hubert St., Montréal; *Hospital & School of Nursing* (English), Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; *Hospital & School of Nursing* (French), Rév. Soeur Décary, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Marie Euphemie Cantin, 4642 St. Denis St., Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Rev. Soeur Marie Claire Rheault, Miles Anysie Deland, Juliette Trudel; Executive Secretary, Registrar & Official School Visitor, Miss E. Frances Upton, Ste. 1019, Medical Arts Bldg., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

Pres., Miss M. R. Diederichs, Regina Grey Nuns' Hospital; First Vice-Pres., Miss M. E. Ingham, Moose Jaw General Hospital; Sec. Vice-Pres., Miss E. R. Pearston, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Rev. Sister Hildegarde, St. Elizabeth's Hospital, Humboldt; *Chairmen of Sections*: *General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres. Sister Tougas; Pres., Miss M. McRae; First Vice-Pres., Miss D. Lewis; Sec. Vice-Pres. Mrs. Storey; Sec., Mrs. M. Stocker, 22 Qu'Appelle Apts.; Ass.-Sec., Miss V. Kiesel; Treas. & Registrar, Mrs. H. Regan; *Conveners*: *Registry*, Miss Grad; *Program*: Misses Sharp, Blackwood; *Membership*: Miss McLaughlin, Mrs. Racette; *Social*, Misses Wilkins, Brown; *General Nursing*, Miss Sissons; *Hospital & School of Nursing*, Miss Thompson; *Public Health* Miss Riley; *Finance*, Mrs. Deverell; *War Services*, Miss Spelliscy; *Sick Nurses*, Misses Turnbull, Martin; *The Canadian Nurse*, Miss Winning.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

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A.A., Edmonton General Hospital, Edmonton

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Children's Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. J. Mitchell; Pres., Miss G. Brown; First Vice-Pres., Mrs. H. L. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss F. Congdon, S.J.G.H.; Treas., Miss H. Tracy, S.J.G.H.; Assist. Treas., Miss R. Wilson; *Executive*: Misses M. Murdoch, P. White, B. Bain, Mrs. J. Wilson.

A.A., L. P. Fisher Memorial Hospital, Woodstock

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NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. C. MacPherson; First Vice-Pres., Miss K. Davidson; Sec. Vice-Pres., Mrs. F. MacKinnon; Rec. Sec., Mrs. W. Bishop; Corr. Sec., Miss Flora Anderson, General Hospital; Treas., Mrs. John Kerr; *Visiting Committee*: Mrs. G. Turner, Mrs. L. Buffett.

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ONTARIO

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A.A., Brantford General Hospital, Brantford

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